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ANNUAL ANNOUNCEMENT

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Operation of Lithotomy upon a boy seven years old, and removal of the Stone.

Clinical Lecture, at the Good Samaritan Hospital, upon Stone in the Bladder, delivered previous to the Operation, before the Students of the Homœopathic Medical College, Oct. 14, 1866, *by* T. G. COMSTOCK, M.D., *one of the Attending Physicians at the Good Samaritan Hospital, Saint Louis, Mo.**

Patient is an orphan, seven years old; has been in the German Orphan Asylum three years, and during this time has always been troubled more or less with incontinence of urine, for which he has been treated without any benefit. Some three weeks since he was brought from the Orphan House to the Hospital, and placed in the surgical ward for treatment. From the history of the case, I at once suspected the existence of a calculus in the bladder. It seems he had been adopted by several persons before he was an inmate of the orphan asylum, but no one would keep him on account of his incontinence, which rendered him an object of disgust and pity to every one. Since he has been

* Reported by Messrs. RICHARDSON and AYRES, students of the Homœopathic Medical College.

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in the orphan house, he would at times seem to have control of his bladder, and then lose all control of it and pass urine involuntarily, especially in bed; this was caused from his having periodically what our forefathers called a "fit of stone, or the gravel." Upon learning these symptoms I sounded him, and at once detected the existence of a stone or calculus.

Symptoms of stone in the bladder.—1st. Pain in passing water. 2nd. In exquisite, but rare cases, there is a feeling in the bladder of a heavy body or bodies, (for I have seen in one case as many as three hundred,) changing position with the movement of the patient's body, and can be felt near the base of the bladder through the perineum or rectum, and even through the abdominal walls in the region of the summit of the bladder when the patient was lying on the stomach. 3rd. Pain in the neck and base of the bladder when moving, sitting, standing, or at stool, aggravated by riding, especially on horseback, or lying on the back with the hips elevated, and relieved by turning upon the stomach. 4th. Frequent micturition and passing of blood with the urine, or hæmaturia. 5th. Peculiar position in urinating, stooping or crossing the legs of the patient while urinating, and many strange manœuvres, all of which are for the purpose of preventing the stone from interrupting the stream of water. 6th. Pain, which is intense, not in the neck of the bladder or bladder itself, but in the glans penis, or at the orifice of the urethra, and this is especially the case with children, who are thereby often led to practice onanism to relieve them. 7th. An unusual length of the penis or prepuce. 8th. Dysuria and stranguary aggravated after urinating, the patient always wishing to pass a few more drops of water, caused by the calculus, which, tending to follow the stream of urine, presses downwards and rests upon the neck of the bladder. 9th. Sudden interruption of the stream of urine, as if a foreign body had closed up the urethral passages, which is really the case. 10th. Reflexed or sympathetic pains in the region of the perineum, testicles, kidneys, thighs, and in

some cases in the sole of one foot; in females, pains in the vagina, and in children prolapsus of the rectum sometimes occurs. Lastly, when many stone exist (as in a case I saw operated upon by the late Prof. Scluh of Vienna, where a man thirty-nine years old had almost a bed of gravel in his bladder), concussions of the stones could be heard—a symptom which the patient thought he had noticed for ten years previous. But all these subjective symptoms are uncertain, and the only method of establishing a positive diagnosis is to sound for the stone, and its presence should be not only made certain to the attending surgeon, but to all of his counselors and assistants, immediately before the operation of cutting for the stone.

Nature and Causes of Urinary Calculi.—The urine in health contains in solution many saline substances, which become deposited upon cooling, as every non-medical man knows by examining daily an ordinary chamber-pot. Healthy urine contains a large proportion of water holding in solution urea creatine, urate of soda, urate of potassa, urate of ammonia, biphosphate of soda, biphosphate of lime, phosphate of lime, phosphate of magnesia, phosphate of potassa; also chloride of sodium and potassium, sulphate of soda, potassa, and mucus.

The constituents of gravel are classified by modern surgeons as—1st, Uric acid; 2nd, Phosphate of ammonia, magnesia and lime; 3rd, Oxalate of lime; 4th, Cystine; 5th, Uric oxide.

Urinary calculi usually take their rise in the kidneys, sandy-like particles gradually descending through the ureters into the bladder, and remain there as a nucleus, which constantly enlarges by receiving fresh deposits from some one of the several salts of the urine; the phosphatic calculus, however, is proved to be of vesical origin.

This disease occurs at all ages. Calculi have been found even in young infants at birth, or they may commence to form immediately after birth (out of 5,376 cases reported by Civiale, 2,416 were children); sometimes they commence

in after-life, as a sequel to rheumatism or gout. It is believed to be hereditary, but Dr. Gross says he has never seen this opinion confirmed in his large experience. It may exist for years, and no one except the patient, or some of his most intimate friends, be cognizant of it. In a case I saw once, in a patient at thirty-nine years, it first commenced at the age of three years. Most cases occur prior to the age of twenty, and females are rarely affected; this is owing to the fact, that in females the urethra being much shorter and more dilatable than in males, the calculi in their formation stage are enabled to pass, and indeed are often voided—a fact well known and attested to by physicians of large practice.

The specimens of calculi, three in number, which I here exhibit to you, are, as you perceive, as large as good-sized allopathic pills, and were voided by a female, some years ago, after taking freely of uva ursa tea.

Calculi are seldom found among negroes. Stone in the bladder occurs in all parts of the world, but is much more frequent in some countries than in others. They are of frequent occurrence in this country, especially in the Southern States; also in Austria, France, England and Russia; but in Switzerland, Spain and Ireland they are very rare.

While in Vienna some years ago, I had occasion to see this operation performed very frequently, and many patients to be operated upon came from Bohemia, and the calculi were mostly of the phosphatic variety. Prof. Oppolzer states that stone in the bladder is more common in Bohemia than in any other of the crown-lands of Austria: and this was owing to the fact that the inhabitants drink so excessively of beer, which is well known to contain a good proportion of the phosphates. Vesical calculi are most common in limestone countries, and affect the poor much oftener than the rich. Sailors are affected with calculi very seldom, and cider-drinkers are said to be very prone to the disease. Persons predisposed to melancholy and hypochondria, who suffer from derangements of the stomach, who masticate

their food imperfectly and indulge in irregular habits in eating, and who eat hot bread, biscuits, and farinaceous substances not well baked, are especially subject to it. In very cold climates, as well as in the tropics, gravel is very rare; but in countries subject to frequent changes of the atmosphere, calculi are often found.

Physical Properties of Calculi.—Some calculi give much more pain and distress to the patient than others—e. g., the oxalic calculi are the most painful, because they are rough, uneven and jagged; these calculi are composed of oxalate of lime, and are frequently called mulberry calculi, from their resemblance to the fruit of the mulberry tree. The calculus in the bladder of the patient to be operated upon is possibly an oxalate, as by sounding it seems to have a very rough surface. The uric-acid calculus is most frequently found in children. Sounding for stone in the bladder is an operation requiring a good deal of skill and dexterity. I have seen a patient sounded by Civiale, in Paris, when he failed to detect the stone at that sitting; subsequently he sounded the same patient, and detected it without the least trouble.

Sometimes, if the calculus is small, it may be encysted in a *cul-de-sac* of the bladder, and the sound fails to touch it. A subsequent trial may be more successful, for it may have become released from its imprisonment and be found at once, as soon as the sound has been passed into the bladder. In sounding for stone, the bladder should be full of urine, and if the patient has just micturated, the bladder should be injected with a few ounces of tepid flaxseed tea, in order to distend it. When the stone cannot be found readily, the position of the patient should be changed; and I have seen a little patient held up by his feet, so that his head dangled in the air, when of course the position of the stone was changed, and upon introducing the sound a second time, it was detected, and the peculiar click or clink readily heard.

Stone in the bladder was not unknown to the Egyptians, and the operation of lithotomy was practiced by Hippocrates

twenty-five centuries since. He, however, bound his pupils by a solemn oath not to practice the operation. Hippocrates practiced nephrotomy (cutting into the kidney to extract the calculus), as well as cystotomy, or lithotomy; the former is recommended, but its manner of execution is nowhere described; the latter operation, which is less dangerous, is spoken of, but only to proscribe it. In the Hippocratic oath we read: "I swear not to cut any person attacked with stone; I will abandon that practice to mercenaries, who devote themselves to it." After the death of Hippocrates, we hear nothing more of the operation until the time of Celsus, who describes it very definitely, and speaks of using instruments to sound for the stone, and that it be performed upon subjects between nine and fourteen years of age, and that the spring of the year be selected as the best time for the operation. After the time of Celsus, the operation of cystotomy, or lithotomy, seems to have been abandoned by surgeons in regular practice and given over to the hands of mountebanks and strangers ignorant of anatomy or medical science. They seem to have almost monopolized this operation until the commencement of the sixteenth century, when some Italian physicians invented some new instruments for facilitating the operation, but still very few if any surgeons in other countries attempted it. Frère Jacques, a Frenchman, about the year 1697 announced himself to the world as an operator for stone; he was ignorant of general anatomy, although he acquired some knowledge of the special anatomy of the bladder and perineum, and ultimately became a very successful operator, respected by the profession throughout Europe.

Prof. Hyrtl, of Vienna, relates the case of a blacksmith in Holland, named Jean Dot, who, with the assistance of his young apprentice, who administered to him some stimulants or vinigrettes, operated upon himself with a sharp pocket-knife, and removed a stone the size of a goose egg; the operation was the high operation.

This operation, which occurred in the seventeenth cen-

tury, is certified to by the Burgermeister, Council of the city, and College of Surgeons at Leyden in Holland, where is preserved in the anatomical museum ("*corpus dilecti*") the stone itself, and also the knife used by the blacksmith.*

. Since the time of Cheselden, a celebrated English surgeon, the lateral operation for stone in the bladder has been adopted, as the one most practiced by modern surgeons.

Before considering the operation itself, it is best to recall the anatomy of the urethra and neck of the bladder. The urethra is in length from eight to nine inches, and sometimes even less. It is extremely dilatable, and by practice will tolerate instruments of considerable calibre, as may be seen when the operation of lithotomy is performed. It is divided into three portions; these are the prostatic, the membranous and the spongy portions. The prostatic portion—this part of the urethra forms a continuation of the bladder, and is surrounded by the prostate, which really embraces the neck of the bladder; its length is one inch and a quarter, transverse diameter one inch and a half, and oftentimes it may be three or four times this size. The membranous portion of the urethra is about one inch long, and extends from the prostatic portion to the bulb or commencement of the spongy portion. The spongy portion constitutes the greatest length of the urethra; it commences at the extremity of the membranous portion by an expansion called the bulb, and terminates at the extremity of the penis, forming a still larger expansion called the glans penis.

Lateral Operation, and Method of performing it.—This consists in opening the perineum—opening the urethra at its membranous portion, continuing the incision through the prostate gland obliquely outward and downward, in a direction about midway between the anus and tuberosity of the ischium, but a little nearer the tuberosity than the anus. A grooved staff or Itinerarium is first introduced through

* Handbuch der topographischen Anatomie, von Joseph Hyrtl, Wien, 1861.

the urethra into the bladder. The incision should commence, in adults, about one inch and a half above the anus, (and in children about one inch.) and one line to the left of the raphe of the perineum, and carried backwards and outwards in the direction as above stated. We operate on the left side because it is more convenient for the right hand.

The first incision divides the integuments and transverse muscle, the superficial fascia, the external hæmorrhoidal vessels and nerves, the superficial, transverse and perineal vessels; the forefinger of the left hand is now to be introduced into the wound and pushed at first in the direction of the rectum, which should be pressed backwards so that it may not be wounded. The point of the left index finger is then to be pressed against the membranous portion of the urethra, where the staff may be felt, and the finger being fixed upon the staff within the groove, the structures covering it are to be carefully divided with the point of the knife, which must be directed along the groove towards the bladder, the edge of the knife being carried outward and backwards, dividing in its course a portion of the triangular ligament, the anterior part of the levator-ani muscle, the membranous portion of the urethra, and a part of the lobe of the left prostate, to the extent of one inch in all. The bladder is now opened, and this will be announced by a gush of urine. The knife is now to be withdrawn, and the forefinger of the left hand, still fixed against the staff, is to be pushed into the bladder, when the staff may be removed. The stone is now to be sought for, and as soon as its position is clearly ascertained, the forceps, with blades closed, are to be introduced within the wound, being held in the right hand and guided along the upper surface of the left index finger, until it comes into the bladder. As soon as they are brought in contact with the concretion, the blades are to be expanded and care taken that no portion of the bladder is embraced between them, the stone is seized and carefully extracted. This latter part of the operation is rather difficult, and I have known a Professor in Vienna, who operated

for stone upon an adult subject, fail to find it, after the most tedious trials, and had to give it up. Five hours later, when he visited the patient, he found the stone between the patient's thighs. It was retained from a preternatural contraction of the bladder. In another case, operated upon by Prof. Von Dumreicher, Surgeon-General of the Austrian Army, the bladder contracted, so that a great deal of force was necessary to extract it, and the patient died forty hours after the operation.

Dangers of the Operation.—1st, sinking; 2nd, hemorrhage; 3rd, infiltration of urine; 4th, inflammation of the neck of the bladder; 5th, peritonitis; 6th, recto-vesical fistula.

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stone itself may be extracted with less difficulty than in adults. In children the perineum is more vascular, and not so firm as in adults, and for this reason the landmarks which guide the surgeon are not quite so surely defined as in adults. The bladder lies higher in the pelvic cavity, and therefore it is necessary, in operating, to raise the point of the knife more in making the first deep incision, in order to reach the membranous portion of the urethra, and be careful that it does not slip in a downward direction and come in into the recto-vesical space, thereby wounding the rectum, or giving occasion for infiltration of urine after the operation.

When the cavity of the bladder is reached and the incision completed, it is sometimes exceedingly difficult to find the stone, or if it is found, it may be of such a size as that it will be impossible to extract it. In such an event it will be necessary either to enlarge the incision in the prostate, or to crush the calculus in the bladder and remove the fragments by piecemeal.

The Operation.—Patient was now brought into the operating room, (the bowels had been cleared the evening previous with a dose of castor oil,) his hands and feet were tied, and chloroform administered. A gum-elastic catheter was passed into the urethra, and the bladder injected with flaxseed tea; the catheter was withdrawn, and the staff introduced and the calculus touched. The staff was intrusted to Dr. Helmuth. Drs. Franklin and Vastine assisted, each one supporting one limb. Dr. Comstock now commenced the incision, using a scalpel, and soon cut through the membranous portion of the urethra upon the staff. The scalpel was then exchanged for a probe-pointed gorget, with which the section through the prostate was completed. The left index finger was now pushed into the bladder, and the stone readily felt. The staff was then withdrawn, the probe-pointed gorget exchanged for a small sized pair of lithotomy forceps, made expressly for this operation, which were introduced into the bladder, and the stone seized and immediately withdrawn.

It proved to be a Uric-acid calculus of the size of a small hazel-nut. The bladder was then injected with tepid water through the wound, in order to wash any other small fragments of calculi that might be present.

The hemorrhage was insignificant, and the little patient awoke from the effects of the chloroform not seemingly much exhausted. A quarter of a grain of acetate of morphine was administered, and the dose repeated in one hour. The patient was laid upon his left side, the legs were bandaged together and charpie saturated with sweet oil and calendula tincture, applied to the wound, which dressing was continued. A light diet of rice mucilage and milk was ordered for four days. He slept well the first night, showed no signs of fever, continued to pass urine through the wound until the fifth day, when, during the act of defecation (the first time since the operation), he passed urine through the urethra.

After this time he passed his urine almost entirely through the urethra, and had no trouble whatever. The wound healed nicely, and at the present date (Nov. 29) he has recovered from the effects of the operation, has perfect control over his bladder, passing his urine regularly, and is in a condition to be dismissed from the hospital and returned to the orphan asylum again.

Cactus Serpentinus.

BY W. H. BURT, M. D., LINCOLN, ILLS.

Nov. 7th, 1865, was called to attend Mr. P——, æt. 47, nervo-bilious temperament. Seven months since commenced getting weak, and has been gradually growing weaker ever since; is compelled now to keep his bed. The first symptom was great distention of the stomach, which would be relieved by frequent eructations of air; bowels very costive; frequent perspiration of the chest and upper extremities; is extremely weak; urine passes from him involuntarily; very nervous—the least excitement pro-

duces violent palpitation of the heart; no cough, but is very hoarse, cannot speak loud; no appetite; is a great hypochondriac; greatly emaciated. The epigastrium is greatly distended, and all of his suffering seems to be in the stomach; he declares there is a tape-worm in his stomach. Had a brother who died with consumption. Two Old School physicians have treated him, during the last six weeks, with no benefit, for he is much weaker; could walk out doors every day when they commenced, but now is confined to the bed. I gave *Nux*, 3rd, four days—no change; *Ars.*, 3rd, three days—no better, but more discouraged than ever; *China* and *Sulphur* four days—no change for the better. Does not want to take any more medicine; has no faith in anything, and is bound to die. I urged him to give me one more week, and then, if no better, I would let him die, as he wished; to this he consented. The palpitation of the heart was so constant and so troublesome, that I determined to try the *Cactus Serpentinus*, not having the *Cactus Grandiflorus*. I put ten drops of the tincture in a tumbler of water, and gave one spoonful every three hours. He commenced to improve on the first day, and in one week the hoarseness was gone. The palpitation was greatly controlled by the *Cactus*; the distention of the stomach was much better; he could sit up most of the day. Continued the remedy five weeks, when he was discharged cured, and resumed his work as a peddler. He came back in five weeks, saying his stomach was commencing to trouble him again. *Cactus S.* one week removed the distention completely. Two months after, he came for more of the medicine, saying his old trouble was commencing again. One prescription made a final cure. I saw him frequently for six months; he remained perfectly well.

While taking the *Cactus S.* he complained most bitterly of it producing constant dull pain in the cerebellum; if the remedy was omitted, the pain would cease, but would return again as soon as its use was resumed.

Guided by the proving of the *Cactus Grandiflorus*, I have

given it in functional diseases of the heart with the most gratifying results. In diseases of the heart with an intermittent pulse, it will be found a capital remedy.

In a number of cases of hoarseness, I have given it with excellent success; it seems to have a special affinity for the mucous membrane of the larynx, but does not affect the mucous membrane of the lungs so prominently.

In nervous and hysterical patients, it will be found an excellent remedy.

A Fragmentary Proving of the Cactus Serpentinus.

Oct. 1st, 1865, at 11 A. M., took 100 drops of the 3rd dec. dilution, prepared in water. Thirty-five minutes after, severe cutting pains in the lower umbilical and hypogastric regions, lasting about one hour. No other symptoms.

2d—Dry, hard stool. 12 M., took 400 drops; in half an hour commenced to have sharp, cutting pains in the umbilicus. 3 P. M., same symptoms, with mushy stool; continued about one hour after stool. No more symptoms.

3rd—11 A. M., took 600 drops. 3 P. M., dull frontal headache; face flushed; slight pain in the bowels, with soft stool, followed by quite severe pains in the hypogastrium.

4th—No stool; feeling well. 5th—Natural stool.

The cactus that this tincture was made from grew in a conservatory, was eight years old, and eight feet high.

Homœopathy vs. Allopathy.

Editors Observer:—About two months since, one of our Allopathic brethren confidentially told me that he had an unmanageable case of periodical headache; one which he had treated for more than six months, and notwithstanding he had almost exhausted the Materia Medica, he could produce but temporary relief, and that with huge doses of Mor. Sul. He observed, laughingly, that this was a case to test the truth of *Similia*, and invited me to accompany him to see the lady when she had another "bad spell." To this I agreed, if he would obtain the consent of the lady and her

husband. This was on Friday, and the next Tuesday he came for me to go with him. Arriving there, I was introduced to the family, and found the lady was of a florid complexion, with auburn hair, of a sanguineo-bilious temperament, æt. twenty-seven. The symptoms which presented themselves were as follows—those in *italics* are the lady's own words: Irregular, intermittent pulse; agonizing headache; *the brain felt as if tossed over and over, worse when moving downwards;* face covered with large drops of perspiration; dimness of sight; ears felt as if *plugged with cotton;* during the continuance of the headache *large quantities of whitish urine are voided;* she frequently faints, and the fingers of the left hand are invariably closed; *headache lasts from twelve to forty-eight hours; after the headache ceases she has violent palpitation of the heart, and a diarrhœa lasting two to three days.* These symptoms were more or less present in every attack, which happened about every ten days. With the consent of the lady, her husband and the Doctor, I gave her a prescription, which was as follows: *Glon.* 6-10 gtt. v. in a tumbler of water, a dessert-spoonful every half hour until pain ceased. After the first dose, we (that is, the lady's husband, Dr. —— and myself) went out to look at the garden, stock, &c. We were gone perhaps three quarters of an hour, and when we returned the lady said she felt much better—scarcely any headache, clear vision could hear as well as usual. I stayed until after she had taken three spoonfuls of the solution, when she said she felt as well as usual with the exception of a numb feeling, extending from the left thigh downwards—a symptom she had never before experienced. (Was this the result of the *Glon.?*) I directed her to use the solution three times daily until it was all gone, (there was enough for about four days.) This she did, and from that time to the present, a period of six weeks, she has had no return of any of the symptoms; neither did she have the palpitation or diarrhœa which formerly accompanied every attack. It is needless to say that the lady and her friends are joyfully disappointed in Homœopathy. As for the Doctor, he does not know what to think. What the result will be in his case, however, can be guessed from the fact that recently he borrowed my Materia Medica and a volume of Homœopathic Practice. Verily, *Magna est veritas, et prevalevit.*

—R, M.D.

Inhalations,

AS AUXILIARIES TO HOMŒOPATHIC TREATMENT.

BY T. G. COMSTOCK, M. D., ST. LOUIS.

It is a favorite idea with the common people, that medicines inhaled into the lungs in the form of a damp atmosphere atomized, act better than when given in any other form.

For twenty years past, traveling physicians have advertised remedies given by inhalation, as specific cures for consumption and other lung complaints, and this has especially engaged the attention of the people in their favor. As progressive homœopathic physicians, it is our duty to duly investigate this matter, and if the inhalation of medicines can soothe the consumptive patient or those suffering with asthma, bronchitis, hooping cough or any other pulmonary affection, then most surely is it our duty to avail ourselves of them in practice.

The advocates of inhalation say that therapeutic agents, which can come in direct contact with the diseased organ, will exercise a far better sanative influence than when given by the stomach.

If we look into the early history of medicine, we shall find authority for such a belief. Pliny recommended in phthisis the resinous atmosphere of a piny wilderness. Aristotle recommended sea-air for consumption, and Cicero was ordered by his physicians to make a sea-voyage to Greece and remain there for some time, in order to have the advantage of a "change of air"; Celsus advised sea-air for consumption, and Hufeland speaks of it in the highest terms, and instances cases (in the first volume of his Journal, page 389,) of pulmonary diseases which were cured by it.

Laennec says, in his work upon diseases of the lungs, "that he is convinced, that we possess in the present state of our knowledge, no better therapeutics for the cure of consumption, than sea-voyages, and a residence in a mild climate near a sea-coast, and he advises all who can to at least make the trial." I could quote a great many other authorities who have advised sea-air as beneficial in consumption, and without doubt the salt in the sea-air was the medicinal element which being inhaled into the lungs produced all the good results.

It is undeniable that in some cases sea-air not only often

materially allays the development of phthisis, but even arrests it.

But few patients can afford the expense of a sea-voyage, and in lieu of it we would recommend the inhalation of Salt, in the form of an atomized vapor. It has in my practice proved very grateful, and in many instances beneficial to patients in the commencing stage of tuberculosis. I have never seen it do harm, and it attracts the attention of the patient, who at least thinks something is being done to save him from an early death. A great number of other medicaments may be administered by inhalation, such as Tannin, Alum, Iodine, Opium, tincture of Iron, muriate of Ammonia, hydriodate of Potash, Hyosciamus, Conium, Carbolic acid, chlorate of Potash, etc.

It has always been difficult to construct an apparatus, which would satisfactorily vaporize the medicament, and conduct it through the larynx into the lungs. The object to be desired was to have the medicines selected for the inhalation, in the form of solutions or tinctures, and then to atomize and reduce them into hot spray, by the aid of heat; or cold spray, by means of a peculiar apparatus provided with an air-pump.

The former method has proved the most convenient, practicable and efficient, and a great many costly apparatuses for the purpose have been made in France, Germany and this country, but the best, cheapest and most practicable of all is made by Mr. Kraut, in Third street, near the junction of Second street, in this city. It consists of a copper boiler, with a spirit-lamp under it; from the boiler a brass tube comes out horizontally, terminating in a small capillary opening; at right angles to this tube is arranged another tube similar in construction with the first one described; these capillary ends meeting each other at right angles, and the horizontal tube is emersed in a glass cup which contains the medicine selected to be inhaled. The water in the boiler, being heated, is driven out of the horizontal tube, which immediately creates a vacuum in the perpendicular tube, so that the medicated fluid in the cup will rise to supply its place, and reaching the capillary orifice is divided into spray, and can be inhaled readily through the larynx into the lungs.

In the commencement of phthisis I have employed, by means of this apparatus, the following medicines: Salt and water, Salt and vinegar, wine of Opium in vinegar, Hyosciamus in vinegar,

Conium in vinegar, infusion of Mallow Flowers in vinegar, Tannic acid in water, Alum in water, and Iodine tinct. diluted. The medicines were selected according to the nature of the disease. In aphonia, Iodine and Sulphate of Zinc were used.

In bronchitis, Turpentine was used with the best of success. I have employed Oil of Turpentine in this disease for nine years past, having first learned its use in the clinic of Prof. Skoda in Vienna. I formerly poured the turpentine upon hot-water in a tea-pot, and ordered the patient to inhale it through the spout. Such an intractable disease as bronchitis may be *palliated* very much by the use of this inhalation.

In some forms of diphtheria, Carbolic acid and Chlorate of Potash have been recommended, and in hæmoptysis, Secale cornut. or tincture of Muriate of Iron have been successfully used.

In a future number we will speak of the auxiliary treatment of some forms of croup by the inhalation of steam, and the combination of remedies atomized by means of steam.*

For the Observer.

Specifics.

Specific, in medicine, means a remedy that cures diseases upon some principle peculiar to itself, and not common to two or more remedies; or a remedy which infallibly cures all cases of disease to which it is deemed appropriate. This latter definition is more appropriate for the quack or nostrum vender. The well educated or true physician, if he be honest (as all should be), will talk less of specifics as he grows wiser and better. Some deny, while others affirm, there are specifics in medicine. Certainly there can be no infallible specifics acknowledged in the Homœopathic School, until the pathogenetic effects of drugs shall have been proven to be the same in every individual. This has never been, and never can be. Nor should this discourage us at all in the proving of drugs, for without it our law *Similia* would be a nullity. Many obstacles and diverse pathological states there are, beyond our ken, in our provings; hence the many difficulties under which we labor in practice. It is

* The Apparatus of Mr. Kraut is for sale at the St. Louis Homœopathic Pharmacy.

claimed in our school that *Belladonna* is specific in scarlatina *Nux v.* in constipation, *Aconite* in acute croup, and so with an hundred more; while in the old school they have empirically stumbled on but few, after having stumbled and wandered forty times longer than the Israelites did in the wilderness. And until they renounce their idols, purging, blistering, vomiting, &c., acknowledge and cleave unto the law *Similia similibus*, they can never inherit the promised land in medicine.

I have surely discovered one infallible specific, not for disease, but for an annoyance more formidable than many diseases we are called to treat. This is the *Tr. Cocculus Indicus*, for the destruction of that little parasite described by Burns as an

> "Ugly, creepin', blastic wonner,
> Detested, shunned by saint and sinner."

For all species of this little pestiferous animal (nit or louse), wherever found, on Christian, brute or fowl, this is the *sine qua non.* If the tincture be not at hand, make a decoction, which is equally effectual—wet the head or part infested only once, and there will be no more want of unguents or fine combs. I have prescribed it for twenty years, and have never known it to fail in one case. Let none esteem that vulgar which is useful in the school as in the family.

Jacksonville, Ills. G. Y. SHIRLEY.

Clergyman's Sore Throat.

BY TEMPLE S. HOYNE, M. D., CHICAGO.

SYNONYMS: *Chronic Pharyngitis—Dysphonia Clericorum.*

This disease, as its name implies, is quite common among clergymen, public speakers and singers, who lead a sedentary life, taking little, if any, out-door exercise. It has been observed that those persons who read from the manuscript, while delivering an address, are more liable to the disease, owing to the fact that reading is a mere mechanical operation, rarely calling the mental faculties into play.

Chronic Pharyngitis commences by an irritation—slight at first—of the pharyngeal mucous membrane, inducing hawking and spitting; but little attention is paid to it until the disease becomes fairly chronic, as indic[illegible] of the voice,

a short dry cough, and a feeling as if one must swallow constantly. The expectoration is viscid muco-purulent. In this, the advanced stage, the mucous membrane lining the pharynx is œdematous and studded with granulations, owing to a deposit of sebaceous matter in the follicles. Sometimes the membrane is of a fiery or purple hue. Often the follicles burst, discharging their contents in the form of small balls, which by nervous patients, and those of consumptive tendency, are taken for tubercles. Quacks favor this opinion, and many of their cases of Consumption will be found, on examination, to be nothing but Clergyman's Sore Throat. The discharge from these follicles differs from tubercle in its consistence, and when broken smells badly—not true of true tubercles. The true tubercular deposit rarely takes place in the pharynx. This disease is no indication of a tuberculous diathesis, as persons afflicted with it rarely become consumptive.

Old physic treats the disease with tonics—iron, quinine, &c., and a local application of nitrate of silver. I have found Nitric acid, from the 3rd to the 12th, the best remedy in those cases where there is a titillation in the throat, inducing a dry hacking cough during the day and evening; expectoration slight and of a yellowish color; and in those cases where "scraping in the throat, as if the speech were impeded," is a prominent symptom.

Mercurius-iodatus, probably, meets the next greatest number of cases, when given at long intervals. The symptoms indicating its use are: sore throat, with pain when swallowing saliva; obliged to swallow constantly; mucus in the throat, which he constantly tries to hawk up; depression of spirits; always better when exercising; aggravation in the evening.

Phosphorus is a valuable remedy when the pharynx feels as if excoriated with scraping and smarting; and when the hawking up of mucus, hoarseness, and cough are worse in the morning.

Nux vomica is often of benefit in those persons whose appetite is poor or variable, breath fœtid, and an indisposition to do much of anything. The throat symptoms calling for its use are, sensation of swelling in the pharynx, rawness of the fauces when inspiring cold air, rawness of the throat during deglutition, and a dry cough at night.

In many cases *Drosera*, *Carb.-veg.*, *Arsenicum* and *Calcarea* are of service, and a resort to them followed by success.

In a few cases I have used *Hydrastis Canadensis*, or *Phytolaca Decandra*—one part to three of water, as a gargle, and I think with benefit. The medicine prescribed is to be taken once a day only, until improvement sets in, and then once in two, three or even five days, according to the rapidity of the improvement.

POISONING BY ADMIXTURE OF HARMLESS MEDICAMENTS.—Prof. Melsens, of Brussels, reports some curious cases of poisoning effected by mixing within the animal body certain chemicals which are wholly innocuous when taken singly and separately, and which have little or no tendency to act upon or decompose each other when brought together outside of the body. The two salts known as chlorate of potash and iodide of potassium, for example, when dissolved together in water, crystallize out separately and without acting upon each other, as soon as the solution is evaporated. If the two salts be mixed in equivalent proportions, and then dissolved in water, no decomposition occurs between them, either at the ordinary temperature of the air, or when the solution is boiled, or when it is heated to 365° under a pressure of ten atmospheres. Absolute fusion of the dry salts is necessary, before double decomposition with formation of iodate of potash will occur. Nevertheless, in experiments, in which daily doses of seven grammes of a mixture of chlorate of potash, and iodide of potassium in equivalent proportions, were administered to dogs of thirty or forty pounds weight, the animals languished rapidly and soon died, some of them in the course of a week. The symptoms and effects of the poisoning produced by the mixed salts were similar to those produced by iodate of potash, a substance well known to be poisonous. It is therefore probable, that, when a mixture of chlorate of potash and iodide of potassium is placed within the animal body, the two salts re-act upon one another, and there is formed the poisonous compound iodate of potash. The experiment furnishes another illustration of the indubitable truth, that many chemical changes take place in the animal system, which cannot be brought about ander ordinary circumstances in the laboratory. It further suggests to physicians great caution in making new mixtures, even of harmless and apparently compatible medicaments.—*Nation.*

A GRADUATE OF AN HOMŒOPATHIC COLLEGE (1858), who has since been in constant practice, wishes a good location in a city or flourishing town. No objection to partnership. Is spending the winter in the Hospitals and Medical Colleges of New York, Address R. S. A., Station D, New York.

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TUBERCULOSIS.*

BY DR. E. C. FRANKLIN.

By tuberculosis, scrofula, or struma, is meant a constitutional condition that leads to the development or deposit of a peculiar formation designated as *tubercle.* The constitutional condition that tends to this is sufficiently characteristic to be readily recognized; still, a person may be said to possess a scrofulous tendency or diathesis without laboring under the fully-declared disease, in which latter case there will be a disposition to tuberculous matter in some of the tissues or organs.

ETIOLOGY.—It may be either hereditary or acquired, though in the great majority of instances it undoubtedly originates from some peculiar taint transmitted from parent to child. Its development in persons of healthy parentage is rare, though quite possible, as it may supervene as a sequel of scarlatina, small-pox, measles, or from any disorder impairing the general nutrition of the body.

* From Dr. E. C. Franklin's forthcoming work on Surgery.

The SCROFULOUS DIATHESIS is often erroneously confounded with general debility, but is by no means synonymous with weakness of constitution. Debility often exists without any scrofulous tendency or taint, more particularly in persons of the nervous temperament. Many delicate people, though weak, are perfectly healthy, showing no disposition to this affection; on the contrary, the scrofulous constitution is frequently conjoined with great muscular power and mental activity. But though no weakness may be manifested in either of these respects, scrofula is invariably attended by debility or perversion of the nutritive activity of the body. This is especially manifested in certain tissues, as the mucous and the cutaneous, and in those organs with low vitality, as the lymphatic glands, the bones, and the joints. In these, scrofula is particularly apt to influence the products of nutrition and inflammation—more especially in the earlier periods of life, when these actions are most energetic—in such a way as to render its existence evident to the surgeon. It is this tendency to the occurrence of particular diseases, and to the ingrafting of special characters on affections of certain tissues, that may be considered as indicative of the existence of the scrofulous diathesis—of that condition which, in its full development, gives rise to the deposit of tubercle in organs and tissues. The existence of this diathesis is marked by the presence of a peculiar temperament, by special modifications of the seat, form, and products of inflammation, and by the formation of tubercle.

The SCROFULOUS TEMPERAMENT assumes two distinct forms, and each of these presents two varieties. The most common is that which occurs in persons with fair, soft, transparent skin, having clear blue eyes with large pupils, light hair, tapering fingers, and fine, white teeth, together with roundness of outline, and whose growth is rapid and intellect precocious. In these individuals the affections are strong and the procreative powers quite considerable; the mental activity is often great, and is usually characterized by much delicacy and softness of feeling, and vivacity of intellect. Indeed, it would appear, in such persons as these, that the nutritive, procreative and mental powers are rapidly and energetically developed in early life, and hence become proportionately early exhausted. In another

variety of the fair scrofulous temperament we find a coarse skin, short and rounded features, light gray eyes, crisp and curling sandy hair, a short and somewhat ungainly stature, but not uncommonly (as in the former variety) great and early mental activity, and occasionally much muscular strength.

In the *dark* form of the scrofulous temperament we usually find a somewhat heavy, sullen, and forbidding appearance; a dark, coarse, sallow, or greasy-looking skin; thick, harsh, curly hair; a small stature, but often a powerful and strong-limbed frame; with a certain degree of torpor or languor of the mental faculties, though in some instances the powers of the intellect are remarkably well-developed. The other dark strumous temperament is characterized by clear dark eyes, fine hair, sallow skin, and by mental and physical organization that closely resembles the first-described variety of the fair strumous diathesis.

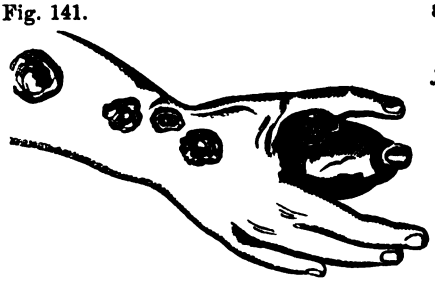
General Symptoms.—In all these varieties of temperament the digestive organs will be found to be weak and irritable. This may be regarded as one of the most essential conditions connected with scrofula, and as tending greatly to the impairment of nutrition, which is so frequent in this affection. The action of the heart is feeble, the blood is thin and watery, and there is a tendency to coldness and often to clamminess of the extremities. The most marked characteristic of struma, however, is the peculiar modification which inflammation undergoes. The *course* of the inflammatory action is always slow, feeble, and ill-developed—the more active and sthenic conditions being rarely met with. In its *form* it is usually congestive, ulcerative, or suppurative, the *products* being characterized by little tendency to adhesion. Its *seat* is chiefly the skin and mucous membranes, the joints, and the bones, occasioning a great variety of special diseases, according as one or the other of these structures is affected. And whatever the variety of temperament, the patient usually emaciates, becomes sallow, cachectic, and debilitated, at length falling into a state of hectic or marasmus. The *skin* is often the seat of scrofulous disease, the latter manifesting itself in a variety of cutaneous eruptions—especially the different forms of eczema of the scalp—and various ulcers

Fig. 140.

on the surface, usually weak and largely granulating, with considerable swelling of the surrounding parts and a tendency to the formation of thin, blue, and glazed cicatrices. The integuments of the whole of the limb may become much diseased in this way, œdematous, infiltrated, and covered by flabby ulcers and fistulæ, the parts becoming, perhaps, double their natural size, Fig. 140. This condition is met with in the arm and leg, and may become so severe and intractable as to demand amputation.

The *mucous membranes* are frequently extensively affected, and often present the earlier forms of scrofulous disease in childhood. This is more especially the case with those of the eyelids and nose. The conjunctiva becomes chronically inflamed, with perhaps ulceration of the cornea. The mucous membrane of the eyelids may be permanently congested and irritated, with loss of lashes, constituting psorophthalmia. The mucous membrane lining the nostrils may also become chronically congested, giving rise to symptoms resembling a constant cold. Occasionally, too, the lining of the antrum becomes irritated, and may occasion an enlargement of this cavity, or perhaps a discharge of unhealthy pus into the nostrils. The larynx may be the seat of various forms of aphonia, dependent on congestion. The genito-urinary organs not unfrequently show a marked tendency to debility and irritation, very slight exciting causes producing discharges from the urethra which are often very lasting in character. The *bones and joints* are liable to the occurrence of various forms of caries and necrosis, Fig. 141, more especially those that are spongy in their texture, as the short bones of the foot and the articular

Fig. 141.



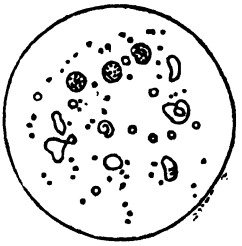
ends of long bones. The joints are liable to that large class of affections that are commonly included under the term of *white swelling*, and which consist of thickening, disorganization, ulceration, and suppuration of the synovial membranes and cartilages. The *glandular organs*, especially the lymphatic glands on the side of the neck and under the angles of the jaw, are peculiarly prone to scrofulous disease. These glandular enlargements are disposed to run into unhealthy and chronic suppuration. The testes and mammæ are occasionally affected; and other glandular structures, though sometimes implicated, are not so commonly affected as those mentioned.

ANATOMY OF TUBERCLE.—Tubercle, according to Erichsen, can not be looked upon as a specific affection, but must be regarded as a perverted or unhealthy development of the nutritive materials destined for the repair of the body and the restoration of the blood. Simon considers it a disease of the lymph, or nascent blood. The scrofulous diathesis he defines as a peculiarity of blood development, under which the nascent blood tends to molecular death by superoxydation. Williams says that tubercle is a degraded condition of the nutritive material from which the old textures are renewed and the new ones formed, and it differs from fibrin or coagulable lymph not in kind, but in degree of vitality and capacity of organization. Adopting the theory of cell action, as presented by Addison and Virchow, the tuberculous matter may be pronounced the result of a necrosis of other cells or of glands, the local nutrition of which is impaired by the impoverished character of the blood furnished through the general circulation. Gregg, of Buffalo, who has also investigated this subject quite extensively, believes it to be a product consequent on a peculiar condition of the blood, resulting from a loss of its albumen. Tubercle occurs in two forms, as semi-transparent, gray granulations, smooth and cartilaginous in look, somewhat hard, closely adherent and accumulated in groups, often with a good deal of inflammatory action in the surrounding tissues. They have a tendency to run into masses, and to constitute the second form—the true yellow tubercle, which is met with in opaque, firm but friable concretions, of a dull whitish or yellowish color, homogeneous in structure, and without any appearance of vascularity. Tu-

bercular deposits have been observed in nearly every structure of the body.

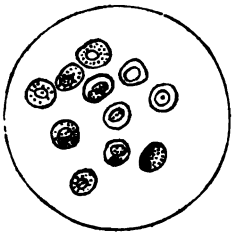
MICROSCOPICAL CHARACTER.—Under the lens, it is seen to consist of a transparent matrix containing granules, nuclei, cells, and oil globules, the proportion of which is variable. The true tubercular corpuscles are round, ovoidal, or oblong, or perhaps almost shapeless, and constitute a large proportion of the morbid product. It bears a close resemblance to pus, from which it may be distinguished by reference to its chemical character, Figs. 142 and 143.

Fig. 142.



Tubercle.

Fig. 143.



Pus.

CHEMICAL CHARACTER.—It consists almost entirely of albumen, or protein matter, there being a small proportion of earthy salts, as phosphate and carbonate of lime. Occasionally there is a little fibrin, casein, extractive matter, and pyine.

DIAGNOSIS.—It is not always easy to distinguish scrofulous humors from enlargements of glands due to chronic inflammation and hypertrophy, producing what is described as adenoma. In *acute* affections of the structures liable to be affected by the occurrence of tubercular deposits, the diagnosis is readily made in view of the rapid progress of the inflammation. It often requires the most careful study in order to discriminate between them and cancerous formations; and as regards the prognosis, it is highly important that no error should be made. They can usually, however, be distinguished from schirrus by the stony hardness of the latter, together with the lancinating character of the pain; in other cases no positive diagnosis can be given until the disorder has progressed so near its characteristic termination as to be unmistakable.

PROGNOSIS.—Glandular tumors consequent on tuberculous deposits are seldom, of themselves, so severe as directly to occasion death, but may be indirectly the cause by terminating in a chronic form of abscess, which occasionally proves fatal from its exhaustive discharges. Provided there be a deposition of tubercular matter in some of the internal organs—as in the mesenteric glands, membranes of the brain, and the lungs—the prognosis is decidedly unfavorable.

TREATMENT.—The treatment of scrofula consists not only in endeavoring to prevent the full manifestation of the disease, but also in removing it whenever existing. Thus, it is divided into two varieties, according to the individual characteristics, or rather to its degree of development; these are the *preventive* and *curative* forms of treatment.

The *preventive* treatment is perhaps equally important with the curative, for every homœopathic practitioner has witnessed cases where the development of the affection, even when hereditary, has been stayed; the child of strumous parents, possessing the distinctive characteristics of scrofula, but maturing into manhood without a development of the disease. To be successful, this treatment should be begun early and continued uninterruptedly for months, and perhaps years. Its importance, in the first place, consists in unremitting attention to the laws of hygiene. The food should be of the most bland and nutritious kind, care being taken that the stomach be never overloaded, as neglect of this precaution gives rise to irritability of the mucous membrane of that viscus: nutrition and assimilation are imperfectly performed; the undigested food, passing out of the stomach in the form of lithates or other products of mal-assimilation, impairs rather than improves the nutritive function. The use of stimulants, so much lauded by the allopathic school, especially in liberal quantities, is destructive to perfect digestion clogging the healthy action of the nutritive processes. Whenever such remedies are used, only those of the lightest and most nutritious character should be allowed, and partaken of sparingly and at occasional intervals. Among the most beneficial are milk-punch, egg-nog, porter, ale, and light wines. Fresh meats, as beef, mutton, venison, fowls, the different varieti
and oysters, should constitute the principal artic

Bread, rice, meal, grits, potatoes, carrots, and other farinaceous substances, may be made to take the place of the more watery and succulent vegetables. Attention should be paid to the various secretions, to see that they are conducted normally. Scrofulous patients being peculiarly sensitive to cold, moisture, and alternations of temperature from heat to cold, their clothing should be warm, and the whole of the body be carefully covered to correspond with the changes in the atmosphere. The patient's room should be thoroughly ventilated, and the luxurious practice of sleeping in a room with a fire can not be too highly reprobated. Freedom of exercise in the open air, but not carried so far as to produce fatigue, should be recommended; and change of climate, from mountainous regions to the sea-shore, and *vice versa*, has often been productive of the most satisfactory results. Bathing, also, whether in river or sea, the tepid or cold sponge bath, with the habitual use of friction, in order to impart a healthy action to the skin and to preserve the activity of the cutaneous circulation, should be regularly practiced. Calisthenic exercises, the various games of ball, and the gymnasium, are all potent renovators and preservers of the nutritive function, if moderately indulged in, and at proper seasons of the year. Riding on horseback, especially in the early part of the day, when not carried to excess, is one of the most important adjuvants in establishing a normal condition of the secretions and excretions of the human organism.

(Conclusion next month.)

CHOLERA.

A FEW FACTS AND THOUGHTS CONCERNING IT.

Thirty-four years have passed since this disease appeared in our country.

Its coming, was heralded by the medical journals and the Press of Europe, as a new and strange disease. Its character was represented as terrible—laying waste human hopes and families—possessing a power which swept away every bulwark of human effort and science, without a pause in its course—as an enemy whose every advance, in every land, was marked by slaughter and tribulation.

Invisible and mysterious, mighty and irresistible in power, its name spread alarm wherever it came. Strong hearts grew faint at the thought of such a destroyer.

From such representations of an approaching foe, is it strange that the public mind should be fearfully agitated? Does not such a condition greatly increase the susceptibility to morbific influence?

Since 1832, we have been with this disease in its returns, during six years, and at various points. We perceived no change in the character of the disease from '32 to the present year. In each year there was the same frightful cadaverous countenance—great weakness of voice, peculiar sigh and moan combined—enormous discharges of rice water fluid from the stomach and anus, without any pain or effort, filled with small flocks of white substances—great and unquenchable thirst, with burning in the stomach—great prostration of strength—cold extremities, covered with cold, clammy sweat—bluish, shriveled appearance of the skin—cold breath, tongue and nose—cramps in the extremities, and a gradual dissolution, varying from six to sixty hours.

In the present epidemic, there has been a marked bilious character, and the discharges, in most cases, had no rice colored floculent appearance. The skin was in many cases warm, and covered with warm perspiration, even the extremities remaining warm and covered with moisture. There was very *little thirst*, no burning in the stomach—no loss of voice—no half sighing, half moaning—no utter loss of strength—no bluish, shriveled appearance of the skin—but in all the cases of collapse which I saw, a rapid congestion of the lungs. In no instance did I see a case indicating *Arsenicum* in the collapse, whereas in every other year *Arsenicum* was the grand and reliable remedy for that condition.

In this epidemic, the discharges have been in many cases, in the second stage, perfectly limpid, and giving no color to linen more than pure water would do—there has been less vomiting and less purging, but more pains, especially in the back or dorsal region. The function of the liver and

kidneys was not suspended, as in all the other Cholera epidemics from 1832 to '66. The amount of matter ejected from the stomach and bowels, has not been over one half the quantity discharged by persons suffering with the disease in any previous epidemic; and where the disease was not promptly arrested, the termination was more speedy and fatal than in any previous visitation.

The result of Homœopathic treatment in St. Louis has not exceeded a loss of over five per cent. in the hundred. The exact number of cases and deaths will be given to the public as soon as each physician makes his return.

It is a matter of no little surprise to us that *Guaco* is so little used in Cholera. Few of the writers on this epidemic mention it at all. During the Cholera of 1849, we used it for the vomiting and purging with such excellent results, that we have from that time to the present considered it one of our most reliable remedies, and in many cases sufficient for the arrest of the disease without any other. In Cholera Morbus it may be considered a specific. It should be administered every ten minutes until the vomiting and purging cease, which in most cases will occur within an hour.

Of Prophylactics for Cholera, we are gratified to inform our readers that the Homœopathic Medical Society of Missouri, during the last summer, made a very extensive trial of *Camphor* and *Cuprum*. Many of the members of the Society used the two in alternation, one dose of each a day; others used *Camphor* alone by inhalation. The result was a perfect success. Of the many hundreds who used these preventives, there was, with two exceptions, perfect exemption from the epidemic. We have used *Camphor* as a preventive since 1849, and always with the same result. We learn that the same trial with *Camphor* was made by our Homœopathic physicians in Cincinnati, during the late epidemic, and with the same gratifying result. Prevention is better than cure.

Of all the functions disturbed in Cholera, we are satisfied that there is not one so [illegible] affected as that of the

lungs. In our recent epidemic this fact was more marked than in any previous visitation. From a consideration of this fact may we not derive some benefit? The normal action of the lungs, and the adequate supply of oxygen, being indispensable to the circulation of the blood and the *quantum sufficit* of animal heat, let us look at the condition of the organism under this terrible disease.

Carbonic acid gas, which is the residuum of respiration, is inimical to life. May not weakness cause an accumulation of this gas in the lungs, so as to exclude the necessary amount of oxygen, and thus prevent the formation of the normal amount of heat, and cause the cold condition or collapse of the system, as in Cholera? Would not the cold skin, the deadly pale sunken countenance, the labored breathing, the feeble pulse, be caused by a rapid diminution of the production of heat in the lungs?

Several cases of Cholera having been treated successfully, based upon this theory of imperfect respiration, we shall give them in their regular order of occurring, and in the very words of the physician and sufferers.

CASE I.—Mrs. W. "I had been affected for about three days with what I regarded as the ordinary complaints of the season, when one night, after my family had retired, I found myself suddenly very ill—my symptoms being coldness, debility and spasms. I believed myself attacked with Cholera."

Following directions, "I was placed in an erect position, where I could breathe fresh air as rapidly as I could. Violent exercise, with artificial breathing, was kept up for some time, with such rests and full, free breathings as nature required. After which I slept, perspired freely, and was well in the morning."

CASE II.—"On 14th August. Jane, an Irish servant girl, twenty-five years old, who had suffered four days with diarrhea, was suddenly struck with what the French call Cholera *foudroyant*, from fright. Alarmed by unwonted sounds near her window in a basement room, she mounted the wind

seat to look out at the top of the sash, and found her face close to that of a man dying of Cholera, who in his death cramps was brought from a steamboat on a litter, and thus rested upon the pavement. The cover was lifted from his face, and the sight and the smell struck her with faintness and trembling; and with difficulty she reached her bed. I was called to go to her quickly, as she was very bad. She had a clay cold death look, and a frightful blackness round her eyes. Her face, as I saw it, was livid, pinched in features and corpse-like, and her pulse a feeble flutter; and she seemed only to breathe from the top of her lungs. She tried, as she afterwards told me, to say 'I am dying,' but her speech was husky and inarticulate. She says her sight and hearing were gone. While she was being removed out of doors, she could not see the window and could not feel her feet. We placed her in an upright position, with her back resting against a board wall, a fresh breeze blowing full in her face. Her senses were now partially restored. I told her to breathe violently, for she must get the bad air out of her lungs and the good air in, and I showed her how she must do it. At first she said 'I can't, for something rises up in the inside.' I told her sternly she must, as her life depended upon it, and she tried to obey me. At first it gave her severe headache, but as soon as deep breathing was fairly begun, while I was watching her face with intense anxiety, the color changed from the clay cold death look, to the full flush of the warm hue of life, and she joyfully exclaimed, 'O! I feel well!'

"When the removal of carbonic acid gas had made way for oxygen to be brought to the yet uninjured lungs, the carbon of the venous blood ignited, the motive power was furnished, the blood was again moved forward into the arterial system, and the dammed up venous current, receiving the suction force, rushed on so violently as at times nearly to produce suffocation; but the struggle was soon over, and the lungs, free from both carbonic acid gas and an unnatural quantity of [illegible] more received

pure air—and to the relieved sufferer respiration became delightful, the circulation passed freely through an unbroken system—and the Cholera was cured."

CASE III.—"Mrs. Gen. G. This lady had been attended for Cholera by an eminent Homœopathic physician, who pronounced the case to be hopeless. By pursuing the same course as in the preceding case, she was speedily cured.

"Was there, in the whole wide world, another person beside myself who would have taken such a living corpse, as Jane, dragged it out of doors, and set it upright on feet which could not feel, with the expectation that it might breathe out death, breathe in life and be restored? The result is a proof, *a posteriori*, that the theory on which the experiment was made is true."

These are facts which defy the ridicule of the skeptic, the sneer of the pharisaical, or the logic of the learned—facts which call for the earnest investigation of all lovers of truth, science and humanity.

I have given you my observations in the present Cholera, with the hope that my professional brethren will report their experience in the premises.

The disease is not identical with that of '32, '49, '50 or '52, and I think it is entitled to some other name than Asiatic Cholera, for it required different treatment. Except in a few cases, it has been easily managed.

JOHN T. TEMPLE.

Excision of the Head of the Right Humerus.

CASE REPORTED BY W. D. FOSTER, M.D., HANNIBAL, MO.

Matthias H., æt. thirty-six, of sanguine-nervous temperament, had his right wrist and hand severely shattered by the premature discharge of a cannon on the 11th day of April, 1865, the right shoulder being dislocated at the same time. The arm was amputated at about its middle, soon after, by two allopathic surgeons (!), but the luxation, if discovered

was left unreduced. The history of the case shows that the stump did well until about the fourth week, when cicitrization began. Extreme and constant pain supervened, almost distracting him, and allowing him no rest day or night. The pain he described as being a *cramping* of the fingers, which had been removed. It further appears that his attending surgeon was repeatedly informed that "something was wrong" with the shoulder, but he persisted in his blind neglect. After the patient was able to leave his bed, he consulted another physician, by whom his surmises were verified; but no measures for his relief were taken by those whom he consulted, and he had about concluded that he could find no relief.

Briefly: I saw the patient in the latter part of September, 1865, from whom I learned the above facts. He was suffering excruciating pain in the "fingers," as he imagined. An examination revealed the head of the humerus in the axilla, closely adhering to the chest, the limb at the upper part emaciated and unusually sensitive; the stump ill-formed, very tender, and considerably swollen. The bones had been sawn unevenly, the ulna being half an inch longer than the radius. The stump was traversed by a very large cicatrix. The general appearance was such as to lead one to think the limb had been cut squarely off and the soft textures *drawn over the end* of the bone to form a stump.

The length of time that had elapsed since the occurrence of the dislocation, precluded any hopes of success by efforts to reduce it, and as any operation offering a prospect of success would necessarily destroy the future use of the limb, I was under the impression that amputation at the shoulder would afford the most speedy and sure relief, and at the same time remove a useless burden from him. The operation of excising the head of the humerus occurred to me as being much less apt to be followed by satisfactory results. As the case was one of considerable importance, I determined to have the advice of others. With a view to determine which operation [illegible] performed, Drs. Nor-

ton, Hewitt, Birch and myself made a careful examination, and my determination to amputate was overruled in favor of excision. It was maintained that the latter was a much less severe proceeding, and by relieving the pressure in the axilla, would probably secure the end sought; or in case it did not, the cicatrix could be cut away, afterwards, from the stump.

Operation.—The patient being suitably placed on a table, he was chloroformed by Dr. G. B. Birch. I made a linear incision, four inches in length, downwards, beginning a little below the acromion process, through the deltoid to the bone; passed the chain-saw around the bone at the lower edge of the incision, sawed the bone off, and carefully dissected it away from its adhesions in the axilla. The hemorrhage was very slight—only two ligatures being applied. The edges of the wound were brought into apposition by a few stitches, and further secured by strips of isinglass plaster. The water dressing was employed until suppuration began.

Remarks.—The patient was visited daily until the violent symptoms were subdued. He made a very rapid recovery. The glenoid cavity was found to be in a perfectly normal condition, no changes looking like obliteration being detected. At present writing (Dec. 8th, 1866,) the pain has ceased, without having disturbed the cicatrix.

Chronic Bronchitis.

BY TEMPLE S. HOYNE, M.D., CHICAGO.

Chronic Bronchitis is essentially a protracted, sub-acute inflammation of the mucous membrane lining the bronchial tubes, and is usually a sequel of the acute variety; but frequently the inflammation is sub-acute from the first. It is an affection of old age rather than of youth, rarely occurring, except traumatically, under fifty years of age.

"The anatomical characters are redness, swelling and

softening of the membrane, these changes being either uniform within the affected tubes, or limited to irregular patches. The affected tubes are found after death to contain more or less muco-purulent matter like that expectorated during life."

The symptoms are about the same as in acute bronchitis, but less intense. Chronic bronchitis is generally preceded by slight fever, or what is called cold in the chest; but when the disease is established, there is usually no fever, or it is slight; the respiration is slightly accelerated; there is hawking and coughing, with occasionally severe paroxysms of coughing in the morning, at night, or at other definite intervals, or the cough may be incessant. The voice is hoarse or rough. Percussion and auscultation reveal certain abnormal sounds. If the disease is simple and uncomplicated, the percussion sound is normal, except in those cases where the muco-purulent secretion is excessive, and within a circumscribed limit, then a slight dullness is perceptible over the deposit. Upon auscultation we discover certain rales, moist or dry, loud or low, according to the size of the tube, and amount of mucus in the tube in which the sound is produced. The larger the tube, the coarser the sound. Frequently the rales cannot be heard until the patient coughs, thus dislodging some obstruction to one or more of the smaller branches.

There is no pain, usually, unless the cough is frequent and violent, when a slight dull pain is felt at the base of the chest on both sides, or sometimes at the epigastrium, in consequence of the mechanical exertion of coughing, or the traction of the diaphragm on the ribs. The appetite is variable or not affected. The expectoration may be profuse or slight, and is greyish, greenish, yellowish-white, or ash colored, occasionally streaked with blood; or it may be thin, sticky and watery, resembling mucilage, or like the unboiled white of an egg. Sometimes it is fetid, and has a sweetish or saltish taste.

The inhalation of irritating particles of stone or metal

may produce or maintain the disease, if already established. I think the excessive use of tobacco also produces the disease, or at least maintains it. Syphilis gives rise to a kind of bronchitis which often proves troublesome to the physician. The treatment of this form differs somewhat, it being necessary to antidote the essential poison. (Why is it so difficult to cure gonorrhœa or syphilis? Is it not because the disease is a punishment for sin? Take the symptoms of any case of gonorrhœa, and are they not equally covered by half a dozen remedies? Give any one of the six you please, and the disease is not cured, and very often the disease is not cured after giving every one of them in succession.)

Chronic bronchitis is sometimes cured, when it is aggravated by cold air, by a removal to a warmer climate. Such cases as recur every winter are sometimes cured in this way.

The disease is dangerous to life only when associated with other diseases, or when the bronchial tubes become plugged up by glutinous or inspissated mucus, and collapse of the lobules takes place, owing to obstructed inhalation. The collapse is confined to individual lobules, except in those cases where the larger tubes are obstructed.

The diagnosis is easily made between this affection and tuberculosis, by the history of the case, and percussion and auscultation.

Allopaths treat this disease with counter-irritants, nutritious diet, opium, hyosciamus, hydrocyanic-acid and tonics. In our school, *Puls.*, *Bry.*, *Nux.*, *Phos.*, *Lyc.*, *Calc.-carb.*, *China*, *Rhus Tox.* and *Sepia*, are the principal remedies.

Pulsatilla, the remedy we have found most often useful, is indicated when the following symptoms are present, viz: Aggravation in the afternoon, and *in a warm room;* better in the open air; pain at epigastrium; expectoration frothy, or *greenish*, tasting *bitter*, saltish or *greasy;* scraping and dryness in the throat, violent cough, with difficult expectoration.

Lycopodium also has aggravation in the afternoon and

evening, but the expectoration is *grey*, purulent, whitish, with a saltish taste. The secretion of mucus is profuse, and respirations increased in number.

Among those remedies which produce aggravation *early in the morning*, and sometimes in the evening, *Phosphorus* is the most important. The secretion of mucus is profuse, and the respirations increased in number, but the voice is *hoarse*, *rough* or *lost*. The expectoration is frothy, purulent or yellow, with a sour, salt or *sweet* taste. The cough is accompanied with rawness in the chest.

Under *Nux* we find aggravation at the same times of the day, and in addition, aggravation from walking in the wind, and in cold air and *dry weather*, and amelioration in the house and in *wet weather*—not true of *Phosphorus*. Loss of appetite, expectoration of dark blood, sour taste (of expectoration), "cough when moving the body, cough occasioning a pain as if bruised at the epigastrium, and cough occasioning a headache as if the skull would burst," are other symptoms indicating its use.

Rhus Toxicodendron, also, is indicated in the morning aggravations, but differs from both *Nux* and *Puls*. Cold air and *wet weather* aggravate, *dry weather* ameliorates. *Talking* also aggravates. The expectoration consists of clots of coagulated blood. This remedy will be found useful in a very few cases.

Calcarea Carbonica is a good remedy for aggravation in the morning, in cold air and wet weather, when the expectoration is purulent, yellowish, with an *offensive smell* and a sour taste.

In a certain number of cases we find the following symptoms, which point to *Bryonia:* Aggravation in the evening and on *rising from bed;* pulse slightly accelerated; blood-streaked expectoration, and *external pain* at the pit of the stomach. *Bryonia* is more often useful in acute bronchitis.

China—Expectoration blood-streaked, like the white of an egg, or purulent; aggravation *at night*, and from talking; loss of appetite, pain at epigastrium and a deep, husky voice.

Sepia is indicated when the aggravation is in the *forenoon*, or evening, and from *the use of tobacco;* respirations increased, loss of appetite, and expectoration of a purulent or *whitish* mucus, with a saltish taste.

I shall conclude with *Hyosciamus*, although there are cases in which *Ars.-alb.*, *Cham.*, *Hep. Sulph.*, *Dros.* and *Stann.* are indicated, but I think them few in number.

Hyosciamus is indicated when the aggravation is in the evening; *worse when lying down.* The cough is dry and spasmodic, the expectoration greenish, or *pale blood;* the pain, wherever situated, is *dull;* the throat feels dry, and there is more or less thirst.

Whatever remedy is selected for the cure of Chronic Bronchitis, only one dose a day should be given; and as improvement sets in, the interval should be lengthened. I have found it more satisfactory to patients to give *sach. lacht.* those days they were to take no medicine. I am not prepared to state, at present, whether the high or low potencies are the most efficacious, but hope to be able to do so on a future occasion.

Drugs.

The effects of drugs on the human organism has not been sufficiently studied; their pernicious influence, although daily seen and felt, has not claimed that attention of the profession which it merits: a dawn of improvement in this particular is now upon the world, which, if continued, will be the means of enabling us to secure all the good without any of their deleterious effects. The preservation of the human body from disease is the chief object of medicine;—how, it is asked, can it be done without a thorough knowledge of the means to be employed for this purpose? The laws of health are easily disturbed; slight or severe indisposition results from their violation, whether from the influence of imprudence or the action of miasms—this equilibrium may also be lost by the operation of drugs or poisons. We have more control over the last-named cause of disturbance than the other two; it is true, personal indiscretions may be to a great extent avoided, they often arise from ignorance of the physical system and its capability of endurance; the same plea cannot be urged in mitigation of the misuse of drugs—they are poisonous in their nature; and while essential for the preservation of life, properly used, an opposite result will be realized when taken in quantities sufficient to produce their characteristic or primary effects on the human system. The nature of miasms is unknown, their form is too subtile for detection or analysis, their effects alone are felt and known; the amount of it necessary to produce disease, it is believed to depend upon the degree and intensity of the specific miasm. Upon this point, respecting the proper use of drugs in quantity, &c., no system of medicine has ever offered a solution of this difficult question until Homœopathy shed its light on the path of inquiry; nor could a remedy for the existing evil ever have been found in-

any other way, as is proven by the history of the profession for ages past; the same darkness reigns now that has enveloped the subject from the time of Hippocrates to the present period—nay more, as the tide of speculation increased and deepen[illegible] the mind was lost in the mazy fields of its own creation; what bounds can now be set to the ocean of theories and follies which are to be found spread before the community in Allopathic works? Theory after theory rises and falls as their projectors emerge into notice and pass from the stage of action—a popular work of to-day is superseded by another of to-morrow; this ceaseless change of opinions among writers shows a want of principle—uncertainty, and rottenness. Unless there is such a governing principle, uncertainty and want of confidence will always exist and be manifested by the people—this is natural, or there would be no safeguard to health; if the means used have proved unavailing in the hour of peril, there can be no reliance on them in similar emergencies. Many of the ablest writers of the old school have already expressed a want of confidence in the usual mode of HEALING; if the voice of experience is heeded, their minds could not reach any other conclusion. Many of them, however, to support a sinking cause, still are contending against the waves destined sooner or later to overwhelm them. The relative merits of either system will be established by time; mankind are prone to adopt those measures which most contribute to their interest or the preservation of health. Although the steps at first may be slow and cautious, once convinced of the propriety of any course, they will be marked by firmness and perseverance. Although Homœopathy is in its infancy, yet it is the oldest theory of medicine now existing; while the old school has promulgated not less than two hundred. the former has never changed since its announcement, because founded upon an immutable law of nature which is unchangeable. The superstructure commenced by the great benefactor, Hahnemann, has been continued without any alteration of its wise conception; if we are guided by truth, it must forever remain the same in its course of erection and completion—of course reference is here made to the law SIMILIA SIMILIBUS CURANTUR; the details of the system must be perfected by experience, guided strictly by the above-named principle. How is it with the other school? For want of some great law by which to bind the parts together, the labors of preceding generations avail nothing towards a consummation of the desired object; if it had such a basis, the experience of former writers would tend to consolidate instead of destroying it. In asserting that our theory is the oldest to be found in the annals of the profession, it is to be understood that no other has existed for the same period without change, possessing identity of principle *now* with its first announcement to the world. We are forcibly impressed daily by the great mortality among children. An undue proportion of them is yearly cut off by the sickle of death; may not the treatment generally in vogue be the cause of it? Of this fact there can be no doubt. Why are their lives so well protected by the influence of Homœopathy? The only answer is—because the mode of practice does not break down or destroy the recuperative power of the system. In proportion as the body is weakened by drugs, in the same ratio is more firmly fixed the grasp of disease. It is surprising there are not more victims to the prejudices and practices of the usual method. The only province of the physician is to assist nature; unless there is co-operation with her in the same direction, mischief will ensue either in injury, seriously impairing the vital forces, or inducing other disorders or death.

THE SCIENCE AND ART OF SURGERY. By E. C. FRANKLIN, M. D., Professor of Surgery in the Homœopathic Medical College of Missouri.

The first volume of this splendid work has just been issued, and we regret that we have only space and time to announce the fact,

In our next number of the Observer we shall review the work.

We can and do recommend it to every one desirous of possessing a complete Surgical Work.

THE WESTERN

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GUN-SHOT WOUND.

CURIOUS COURSE OF ONE OF THE BALLS.

BY WM. TOD HELMUTH, M.D., ST. LOUIS, MO.

The literary world has been lately somewhat excited by the appearance of Charles Reade's last work, "Griffith Gaunt, or Jealousy," and more especially has the furore been made general by the criticism of *The Round Table* and the pending suit brought by the author against the "plural unit," "*We*," of the Reviewers. Griffith was a jealous monster with two wives.

"*Quod licet ingratum est*," says the proverb; and no one has better opportunity of observing the truth of the aphorism than the physician; and upon this comes the history of the case in point, which I will narrate as briefly as possible. Between the patient and his wife certain *jealousy* existed—whether founded in reason or in fact I am not prepared at this time to affirm, but certain it is, that the same unfortunate feeling which led the hero of the novel to which we have alluded, to the commission of crimes, led to the results which almost terminated in loss of life. The patient, seeing his wife in company with another man,

attacked him in a violent manner, when the assailed party turned upon his antagonist, and drawing a revolver, shot him three times. The first ball, entering the face at the margin of the malar process of the malar bone and tearing up the masseter muscle, made its exit below the ramus of the inferior maxillary on the right side; the second bal entered the left arm near the elbow, and took a very cir cuitous route; and the third shot struck him fairly in the upper portion of the left groin, on the margin of Poupart's ligament, just below the anterior superior spinous process of the Ilium. I was sent for so soon as the patient had been brought home, which I believe was about six o'clock in the evening, but did not, from press of business, see him until four o'clock the next morning. During this time other surgeons had been sent for, and had pronounced the wounds serious, especially that of the abdomen, which was supposed to be of a fatal character. When I saw the patient, he was suffering not only from excessive pain in the abdomen, but from the effects of Morphine and Brandy; the bleeding had in a measure ceased, although there was some oozing; and there was severe pain in the abdominal cavity, with some difficulty in passing urine. The first wound that I carefully examined was that of the face. The probe passed readily through the path made by the ball, and no important structures were found to be injured. I next endeavored to trace the course of the second wound. The ball had entered above the head of the radius, passed upward and around the joint; but after some time, I was obliged to desist from further examination, from the pain occasioned by the probing, the swelling of the parts, and above all, from the excessive anxiety of the patient to ascertain whether the abdominal wound was mortal—he having been given to understand that such was the case. In this instance it was very difficult to ascertain the direct course of the bullet, from the swollen condition of the orifice of the wound, which had been rendered additionally sensitive by the constant and prolonged probing of others. One fact, however, was self-evident,

viz., that the ball had not passed *directly* into the abdominal cavity, and that if it had, its course must have been very oblique. The patient complained during the examination of most severe pains in the abdomen, and was very faint. There was not (nor should there, if possible, ever be) any force used in the introduction of the probe, for it is by no means a difficult matter, with an instrument of so small calibre, to separate the aponeuroses of muscles, and thus make an artificial passage. What was my surprise, after very careful manipulation, to discover a passage, upwards and backwards over the anterior superior spinous process of the ilium, the probe there being arrested in its course. I then turned the patient on his face, and endeavored to trace out the course that the ball had taken; and after some time, to my satisfaction, discovered it resting against the transverse process of the fourth lumbar vertebræ. So soon as I was aware of the position of the offending substance, the patient was informed that the wounds were not dangerous, and that the ball would be extracted in a day or two: which was easily effected by a stroke or two of the scalpel. The ball that entered near the elbow, also passed round behind the joint and lodged near the external condyle of the humerus. I could never prevail upon the patient to allow me to remove it, as it gave him no inconvenience whatsoever. The course taken by balls, or indeed projectiles of all kinds, is often very remarkable; they are oft-times so peculiar, that were it not for the undoubted reputation of the surgeons who have reported them, and the facts which experience has often verified, it would lead us to suppose that the reports of such cases were the results of an elastic imagination and a love of the marvelous.

The twisting course of a ball has often been under the consideration of surgeons, and so far as I am aware, has never been satisfactorily explained.

There are on record many cases of a similar character to that here related. For instance, in the German Campaign of 1849, a ball entered in the left groin, and went out at the

hip, (probably by the sciatic notch,) and in a few days the patient was up; in another case the ball entered above the right groin, and went out at the margin of the hip—the patient soon recovered. Roux tells of a case in which there appeared a perfect perforation of the shoulder, with no trace of fracture, yet nevertheless a line drawn between the two apertures passed straight through the head of the humerus. Dr. Hennen declares that he saw a case in which the ball entered near the thyroid cartilage, and which, after going round the neck, returned to the same point by which it had entered, and was extracted at that spot. It is needless to to multiply further illustrations. The wandering of balls is not yet satisfactorily explained, and is very remarkable in many particulars.

TUBERCULOSIS.*

BY DR. E. C. FRANKLIN.

(Concluded from page 8.)

The *curative* treatment, like the preventive, should be especially directed to the general impairment of nutrition, and through it to the more perfect augmentation of constitutional vigor.

Scrofula being a consequence of mal-nutrition, those remedies which, acting upon the processes of digestion and assimilation, improve their tone and vigor, are necessarily curative of this disease. In the treatment of scrofula, as in all chronic diseases, the greatest reliance should be placed on the higher dilutions and triturations, giving them at longer intervals than in acute diseases. On this subject, Dr. Lutze remarks: "In cases of *chronic diseases*, or diseases which run a long course, have existed for years, and deeply taint the organism, as deafness, blindness, gout, paralysis, old eruptions, open sores and old ulcers, fistulæ, herpes, curvatures of the back and bones, caries of the bones, *the medicine should never be frequently repeated*, nor

* From Dr. E. C. Franklin's forthcoming work on Surgery.

should the same medicine be given twice in succession. Each dose should be allowed sufficient time to develop its full effect, since it is the subsequent action of the drug that achieves the cure."

In the earlier stages of the disease, and during the period of development, which is manifested by a swollen and even indurated condition of the lip, with emaciation, flabbiness of the muscles, distention of the abdomen, paleness of the countenance, aversion to meat and vegetables, with craving for bread and butter, molasses, sweets, etc., the following remedies have proved exceedingly efficacious, viz.: China, belladonna, ferrum, cinchona, arsenicum, silicia, calcarea, ignatia, nux vomica, sulphur, aurum, sepia, dulcamara, and oleum jecoris. In an advanced stage, and when the disease is more fully developed—with enargement of the lymphatic glands, especially of the neck; the swellings at first being soft and movable, afterward hard and fixed, and remaining painless until inflammation sets in; disorder of the stomach and bowels, showing an increased disturbance of digestion and nutrition; the symptoms of the early stage increasing and becoming more prominent—recourse may be had to rhus tox., dulcamara, conium, spongia, baryta carb., aurum-lycopodium, sulphur, iodine, mercurius, and sepia. As the dis ease progresses, the affection of the lymphatic glands increases involving the reproductive system; secondary derangement occur; the glands become more stony in feeling; new indurations make their appearance in different portions of the body, the abdomen becomes hard and distended, with more or less derangement of its functions; the mesenteric glands become inflamed and enlarged, and mesenteritis is fully developed. Conjoined with this, the conglomerate glands, parotid, sublingual and submaxillary glands, the pancreas, thyroid body, and sometimes the liver, enlarge and become indurated. Deglutition, per consequence, is seriously impeded, and dyspepsia and jaundice follow in the train of morbid phenomena. The disease, extending, involves the eyes, producing blennorrhœa of the meibomian glands, obscuration of sight, cataract, and even amaurosis. The reproductive system is more and more involved in the morbid process, the patient emaciates, disease of the pulmonary tissue takes place, with accompanying hectic, and the patient dies from exhaustion. This is the picture of scrofula when the disease runs its course uncontrolled by rem

dial agents. Fortunately, however, under homœopathic therapeutics this result is of rare occurrence, especially when the patient is seen in the early stages of the malady.

In the last stage, affection of the glands and derangement o the reproductive system reach the highest degree of development, affecting the bones and cartilaginous tissues, and resulting in curvature. If children are attacked, they are unable to walk unassisted, and consequently crawl or move about on their nates, the legs being bent inward. The heads of bones become enlarged and thickened, the diaphyses are thin and feeble, the legs become curved, the teeth are carious, and finally curvature of the spine sets in, with a complication of deformities. In other cases, chronic inflammation takes place in the larger joints of the body, succeeded by dropsy, anchylosis, and caries. The head also becomes involved; the fontanels remain open, the sutures of the skull widen, and chronic hydrocephalus has been developed. The child looks old and deformed—the enormously-enlarged head and abdomen are disproportionate with the rest of the body, the eyes are deep-seated, the flesh is flabby, and general decay seems to have invaded the body. The mind remains clear, and is even prematurely developed. If convulsions, epileptic fits, and spasms take place, they may be met by the use of ignatia, opium, conium, stramonium, or hyoscyamus, as indicated by the accompanying symptoms.

For the accompanying fever which generally attends this condition, as well as to cover the symptoms in their totality, there is no remedy superior to *belladonna*. It is indicated by a cachectic condition, emaciation, dry skin, distended abdomen, glandular enlargements, with bloatedness of the face and extremities. It may be followed by arsenicum, china, staphisagria, or ferrum, according to circumstances.

It is unnecessary for me to give the pathogeneses of the different remedies which have been recommended for the curative treatment of this disease. Suffice it to say, whatever remedies are used must be directed against the totality of the symptoms, with especial reference to the condition of the tissues as they may be implicated in the morbid process.

The *local* treatment consists in the application of those agents that are recommended in the local management of inflammation, modified according to the seat and peculiar nature of the

affection. When matter forms, it should be let out in accordance with the rules laid down in treating of the more chronic forms of abscess.

The propriety of operating, whether for the excision of a tumor, resection of a joint, or the amputation of a limb, is still a vexed question among surgeons. In these cases, says Erichsen, operations should not be undertaken too hastily, too early in the disease, or especially in very young subjects. The affection being a constitutional one, it will often be found—as the general health of the patient improves by proper treatment—that the local mischief, which at first appeared of a very intractable character, gradually assumes a more circumscribed and healthy form, and in fact to a great extent undergoes spontaneous cure by a restoration of healthy action in the parts. This is especially true of young children, in whom very extensive disease of the bones and joints may often be recovered from, without the necessity of any serious surgical interference. If an operation should be entertained, it should not be attempted while the disease is still spreading, as suppurative inflammation will set up in the wound itself, involving the soft tissues and bones to an extent even greater than before, and which is impossible to heal.

In some cases of strumous disease affecting the integuments of the arm, leg, or foot, attended with great and irregular deposition of plastic material, followed by ulceration of a chronic and intractable character, amputation of the limb is the only resource. This is especially advisable when hectic supervenes in consequence of such disease, as without the operation the patient will speedily sink under the strumous suppuration.

Cholera Cases Treated Homœopathically.

We are only able to give the result of treatment by seven of our Physicians, as the others have not yet sent in their cases and treatment.

Of the cases cured, eight were given up by the "Old School" and restored by Homœopathy.

Cases....344. Cured....307. Died.....37

We hope by the 10th of March to receive the report of all of the Homœopathic Physicians, so that the full report may appear in our next number of the *Observer*.

The Use of Mercury in Syphilis—Primary and Secondary.

BY E. POTTER, M.D., SPRINGFIELD, ILLS.

Venereal diseases, in cities and large towns, are very common, and medical men are called upon to prescribe for the different forms of the disease more frequently than any other disease incident to the human family. It is in some respects the most unpleasant disease, both to physician and patient, as it frequently sets at defiance all methods of cure, remaining a miasma to the patient and a disgrace to the skill of the physician.

Undoubtedly the condition of the system, at the time the disease is contracted, has much to do in giving form and expression to the symptoms. The general and internal treatment of syphilis is, of course, the most interesting. The different forms of mercury, as remedial agents, are immeasurably the first in importance. Of course, every physician will understand the importance of building up and sustaining the system, in secondary cases, with *Ol. Jeconsaselli* and *good* nourishing diet—diet well supplied with carbon. In primary syphilis, my experience teaches that if the system is brought rapidly under the influence of mercury, *necessarily* the disease disappears, and there can be nothing of the terrible secondary symptoms, except in cases of a scrofulous nature. I am aware that writers in our school, generally, are *afraid* of "*affecting* the system." They say—"Syphilis may be cured as thoroughly, as quickly, and as effectually, by mercury in *small* doses, as in those doses which affect the system."

I grant the rule *must* be, give all medicines in as small doses as will answer the desired effect. But, do not be frightened at *names* or *shadows*. Syphilis is an absolute poison, and must be met upon its own ground.

In secondary syphilis, I have treated case after case within the past ten years—some of them quite recently—wherein infinitessimals, in the hands of experienced Homœopathic physicians, had failed. On the 13th of February, 1866, I

was called to visit Mrs. W., whose husband had transmitted syphilis to her ten months previously. She was treated during this intervening time by two Homœopathic physicians of large experience—one of them a Professor in a Homœopathic Medical College—with little, if any benefit. The usual remedies, in *small* doses, had been used most carefully and continuously. I found the case one of general debility, with ulcerations of the tongue and throat, and general rheumatism, very painful.

Of course a moment's reasoning, after the examination, was sufficient to tell that there was no use in a continuance of small doses. My first prescription—*Merc. dulc.* 1, gr. iij., three times a day, and inunction at bed-time, continued five days—produced decided ptyalism, which was permitted to *run* for three days, at which time *Acid. Nit.* 2 was exhibited in solution, once in four hours, then three times a day until the cure was perfected.

I wish to say, in this connection, that I have never seen a more rapid and complete convalescence in any practice The patient has remained in perfect health ever since.

I omitted to say, in the proper place, that in case of inunction, *Unguenti hydg.* My orders are, to perform thorough ablution with warm soap-suds in the morning, after each inunction.

In Vol. XII., p. 212, of the *N. A. Journal of Homœopathy*, there is a case reported, by my pen, in which I succeeded with the inunction treatment, in one of the most important and interesting cases to be found on record. In this case, all the skill of the different schools, old and new, had been expended to no purpose, and the probabilities are that inunction was the only thing known to the profession that could have availed him anything.

If, then, *Merc.* is indicated, and infinitessimals have failed after a trial of *six, eighteen or twenty months,* rather than abandon the case to linger out a miserable existence, exhibit *Merc.* in doses sufficient to "affect the system," not forgetting inunction; and gladness will spring up in the heart of both patient and physician.

Preparation of Homœopathic Attenuations with Rain-water.

BY MAX FUNK, M.D., NEW ORLEANS, LA.

"Necessity is the mother of inventions." This practical lesson has been taught most extensively in every branch of science and business, in the Southern States of America, by the blockade during the last destructive war; it would fill a volume to enumerate and describe all the inventions, and barely to mention all the explorations and applications of heretofore either unknown or unestimated and barren resources of future wealth and prosperity; but this can of course not be our intention. Here, we have to limit our considerations to the circle of our emphatically cherished science and art of Homœopathy, and to the contribution of our own experience as an humble part of general knowledge.

We deem it expedient to state first our own position concerning the "potency question." The often with bitterness conducted theoretical disputations about "potency or attenuation?" which seem never to find an end or to come to a generally admitted result, we think to be entirely barren of practical value, since millions of cases have been cured as well by the very highest attenuations and mother tinctures, as with the low and middle attenuations, in liquids or globules, and since the highest attenuations, as well as massive doses of the crude drugs, produce *sometimes* aggravations and uncalled-for pathogenetic symptoms. But we think, that every physician who effects good cures by the higher and and highest attenuations, proves thereby to be better posted in the materia medica than one who has often to report or to complain about, or to sneer at, the inefficacy of the high dilutions, and has to descend therefore to the lowest ones, to attain *some* result. In the beginning of our practice, we have often seen striking effects of the higher attenuations, after the lower ones entirely failed, but very seldom the contrary case, and many comparative experiments have long since confirmed us as a "high dilutionist," but not as an obstinate one. We reject

by no means the low attenuations and the tinctures even, but we do not hesitate to state that we use them only in very few and exceptional cases—for the simple reason, because we very seldom need them, since the high dilutions most generally suffice to do everything that reasonably can be expected by any medicine. And how much more convenient is it, to carry a number of *small* vials with *small globules* about one's self, in a *small* pocket-case, than the same number of *larger* vials with *liquids*, which often leak out and mix, however much attention may be given to good, tight corks! The diseases for which we sometimes descend to the *low* attenuations and mother tinctures, are generally such as those where the *high* ones produced certain nervous irritations or unwelcome pathogenetic symptoms. The attenuation which we generally used, until the last five years, was the 30th. Not long before the blockade of Galveston, where we were then residing, we had read so many favorable statements about the highest attenuations (chiefly in the "Leipziger Allgemeine homœopathische Zeitung"), that we concluded to introduce them into our own practice. But before our order for them could be fulfilled, the "4th of July," 1861, was "celebrated" by the arrival of the steamer "South Carolina" before the port of Galveston, and the four years blockade was a "*fait accompli.*" If we now would employ high dilutions, we were obliged to manufacture them ourselves. But what a large, expensive quantity of alcohol would have been required to carry even only the polychrests from the 30th attenuation up to the 100th! We were only in possession of a few quarts of good homœopathic alcohol (and of a few pounds of globules), and could not get any more for any price—I dared not therefore waste a drop of it. Distilled water was also difficult and expensive to be procured; consequently we concluded to try first, with a few remedies, whether it would not be practicable to make the dilutions from the 31st up to the 99th with pure cistern water, and only the 100th with alcohol. We commenced with Sulphur and Mercury, and proceeded in the

following way: We measured our vials, and found them to contain about 300 drops each. We poured 3 drops of the 30th attenuation into one of them, filled it nearly full of water directly from the wooden cistern, corked it, and shook it with our right hand, in which we held it, about twenty-five times upon our knee. Now we opened the vial and poured out the contents, swinging the vial so that no more (rather less) than 3 drops remained in it, whereafter we repeated the manipulation 98 times. (We counted carefully only the *attenuations*, but not exactly *the strokes*, because we deem this not essential at all, and think it rather pedantic to lay any value on such trifles.) At last we filled the vial with alcohol, and had now the 100th dilution.

Fortunately we had, the following day, an occasion to try the effect of our 100th Mercury attenuation. An Irish woman called at our office with her baby girl, which had the mouth full of aphthæ and ulcers, and had for several days not been able to suckle. The child commenced suckling about six hours after the first dose, consisting of two small globules of *Mercurius* 100 dry on the tongue, *and was in two days perfectly cured.* If this was not satisfactory, we don't know *what* would be! With fresh confidence we returned to our tedious, but promising work of attenuation, until we had bye-and-bye prepared 75 remedies in the same way. Since that time we have never carried other attenuations about us in our pocket-case but the 100th, when visiting our patients, and, as above remarked, very seldom *needed* others. Even in the treatment of yellow fever and cholera, (which last disease, as a German writer classically expresses himself, "cares the devil about the attenuations,") the 100th attenuations had so decidedly prompt effects, that one of the nurses who attended to the sick soldiers of "Wilkes' Battery," during the yellow fever epidemic at Galveston in 1864, remarked with astonishment, "Your medicines act like witchcraft!" Amongst others, one of the soldiers, who was lying in a cold room without window-panes, which were all broken out, had caught a severe cold just in the hot fever

during the night time, and was, when I visited him the next morning, suffering with a most severe dysentery; the nurses told me that he had passed more than ten bloody stools, with severe colic and tenesmus, and that they believed he would not live to the next evening. One dose of Mercury 100th checked the dysentery so promptly that not a single stool followed after the administration of the medicine; three days afterwards, the patient was perfectly well. The above mentioned nurse, (presently school-teacher in Yorktown, McLennan county, Texas,) Mr. Eichholz, (whom we also had cured of the yellow fever in three days, after which he visited us again in our office,) studies since that time diligently Homœopathy, and will gladly testify our above statements, which we think are sufficient for our present purpose, to state the incontrovertible fact: "*that good clear rain-water is sufficiently pure for the preparation of all intermediate Homœopathic dilutions, and that only those which are to be preserved need to be prepared with alcohol.*"

By this, our, as we emphatically assure, *truthful* statement, we hope to render a not quite invaluable service to the profession, and will find our best satisfaction when we should hear that one or the other of them were making use of our suggestion, and thereby were saving a considerable expense for such valuable article as alcohol presently is.

On this occasion we think it proper to make yet a few remarks about the durabiltty of our so ethereal Homœopathic preparations. We have met often with the idea, that it were necessary to *renew* the Homœopathic attenuations at least every five years, but we can state, that those which we use presently, and from which we made our 100th dilutions, are in our possession since 1858. We are of course very careful to pay constantly the necessary attention to them; we keep the corks always in good order, fill the vials up so often as a half inch of the alcohol is evaporated, and open them only so often as the medicated globules are used up; we use only one or two drops to medicate about one drachm of globules, which we do in vials, which are immediately

corked and shaken, whereby the globules dry within a few minutes. But actually the durability of the attenuations is *much greater yet*, when we consider that the only reliable preparations in trade of *Lachesis* originated from the poison, which our venerated Constantin Hering gathered in South America *over thirty years ago*, and that the minutest pathogenetic effects often appear even by the application of the highest attenuations of it. So we remember to have read a statement, that the 200th attenuation of Lachesis, from Lehrmann's preparations, produced a "knocking like little hammers in the anus;" and we ourselves once experienced, after the application of a dose of the 30th attenuation, "a feeling as if the œsophagus were gone;" we felt a "canine hunger," and swallowed everything we ate without chewing it, on account of the wide empty space we felt in our throat. This proves beyond doubt an astonishing durability and indestructibility of the Homœopathic preparations. What an immense advantage over the drugs of the "*rrregularrs*"!

An Interesting Case of Chronic Amenorrhœa.

BY N. D. TIRRELL, M. D.,
Professor of Chemistry and Toxicology in the Missouri Hom. Medical College.

The subject of the present paper, Mrs. D——, is a young woman twenty-eight years of age. She was married about eight years since, or when somewhat over twenty years of age. She is about the medium height of women generally, wanting in flesh, indeed quite spare or lean, having dark brown hair, gray blue eyes, light skin; of a nervo-lymphatic temperament, and of an almost uniform expression of sadness. She feels in spirit and health as if thirty years had been added to her life since her marriage.

Before her marriage she enjoyed excellent health, had never been sick, somewhat inclined to *embonpoint*, and of an animated, cheerful disposition. During the establishment of the catamenia, she was subject to only the usual regularities, irregularities and suppressions experienced by most young girls in that period, but after this establishment she was uniformly regular

as to time, quantity and quality, or "*had a good time,*" as she expressed it. She is the mother of three healthy children—the eldest six years of age last Christmas; it was born ten months after her marriage; she nursed it fourteen months. Between the birth of the first and that of the second child, there is an interval of two years and four months. The second child was four years old last January; she nursed it fifteen months. Between the birth of the second child and that of the third child, there is an interval of two years and five months. The third child will be two years old the twenty-eighth of May next; it has been weaned about three months, having nursed about nineteen months.

It may be observed, that between the weaning of the first child and the birth of the second, there is an interval of fourteen months. Now, if her period of gestation with the second child were normal, and it would appear to be so from the fact that it was so with the first child, there was an interval of about five months between the weaning of the first child and her conception of the second child, when the re-establishment of the catamenial flow might be reasonably expected. It may also be observed, that between the weaning of the second child and the birth of the third, there is an interval of fourteen months, as before, so that for five months we could reasonably expect another re-establishment of the catamenia, and continuing for four or five months. We have been thus minute in the relation of these particulars, that any questions that may arise in the mind of the reader may be answered.

Now, what is quite unusual and remarkable, if not extraordinary, is the fact that this woman had no return of the menstrual discharge, in either of the periods of five months above mentioned, elapsing between the weaning of one child and the conception of the following child; that is, she had none from a period three weeks after her marriage, at which time she became pregnant with her first child, until about the first of last December, an interval of about seven years; neither had she any *vicarious menstruation* of any description whatsoever; no leucorrhœa, no hæmorrhoids; no discharge either of blood or other matter from the nostrils, eyes, ears, gums, lungs, stomach, bladder, nipples, or from any part of the skin, either as perspiration, or from ulcers or varicose tumors, excepting upon one occasion abor

be mentioned. The exception referred to is, that during the interval between the birth of the first child and conception of the second child, at the latter part of the first period of five months above mentioned, she had, what she thought, was a miscarriage after three months conception. She had no physician at the time, and as far as she knows, there was no delivery of a fœtus.

While visiting a patient in the same block of houses in which Mrs. D—— resides, I was requested to call and see her professionally. This was October 16th, 1866. I found her very much emaciated, especially her face, the cheek and jaw bones being covered with but little more than skin; extremely pale and excessively weak, being unable to stand without supporting herself, but pursuing her usual household duties as far as possible. She had no appetite, though food was not disgusting to her; taking as nourishment daily but little more, if any, than a single slice of bread with a cup of tea. Even this small quantity of food distressed her somewhat, for it seemed to be arrested in its progress to the stomach at the lower part of the œsophagus, just above or at the cardiac orifice. If she partook of more nourishment than above mentioned, it distressed her proportionally more; there was considerable tenderness in the epigastric region upon pressure; a bearing down sensation in the lower part of the abdomen; pain in the small of the back, bowels more or less constipated; more or less palpitation of the heart; the tongue slightly coated white.

We diagnosed the case as one of derangement of the digestive and assimilative functions; and that she was actually starving to death, with plenty of food about her; that she did not take nourishment, or assimilate nourishment enough to renew the waste of tissue, or to supply muscular power. Whatever may have been the cause of the amenorrhœa previously, it was evident that want of sufficient nourishment was the cause now; and that Nature, generally economical of blood, could not permit any to be wasted, as it were, in any catamenial discharge or vicarious menstruation. It was evident that to prevent her from dying of starvation, or from disease arising from want of nutriment, and to restore the long suppressed menstrual flow, that the digestive and assimilative functions must be restored to their normal condition.

I prescribed *Bry.* in sac. lac, saturated with third dilution, in the morning at rising; *Ant. crud.*, first trituration, at noon, an hour before eating, and *Nux vom.*, third trituration, at night before going to bed; and this every day for two weeks. I directed her to take generous diet as soon as she could without feeling distress, and as often as possible; also as much beef and mutton as was agreeable.

Oct. 30. Much better; appetite much improved; eating her food with much more relish than she had experienced for years before, with no accompanying distress; no tenderness in the epigastric region; no palpitation of the heart; no pain in the small of the back; bowels regular; more cheerful; strength much increased; evidently gaining flesh; but the bearing down pain in the lower part of the abdomen as before. Substituted *Bell.* 3d for Bry., and continued *Ant. crud.* and *Nux vom.*—to be taken every alternate day, and as before. Left a few doses of *Sul.*, 3d trit, to be taken the next two days.

Nov. 14. Much better; appetite still improving; still gaining flesh and strength; feels better than she has for years. She said to me, with a smile, "Doctor, they haven't come yet," alluding to the monthly flow. Upon inquiry, I ascertained that she had a leucorrhœal discharge, which I thought promised the restoration of the catamenia. Discontinued all the medicines, leaving powders of sac. lac. to be taken as before.

Dec. 3. Visiting my patient before mentioned residing in the same block, I heard from her that Mrs. D—— had had a return of the long suppressed monthly flow. I called to see Mrs. D—, but found that she was not at home, being engaged in superintending the accouchment of her sister, residing in the northern part of the city, and consequently taking too much exercise for one in her situation I saw her a few days after, and learned that the discharge was copious, and that she suffered much, but that it had now ceased. Left *Borax*, 1st cent. trit., a powder, to be taken every alternate day until the next monthly turn might be expected.

The next turn came on at the proper time, rather too copious and somewhat painful. Left *Cal. carb.* 3d trit., a powder to be taken every third day until the next monthly turn, which I expect will take place in about two weeks.

It remains to be seen whether the above can yet be regard

as a re-establishment of the menstrual flow; it may be doubted whether the two returns, normal as to time and quality, and not very abnormal as to quantity, are not coincidences. We shall watch the case with a good deal of interest, and in either event will inform the readers of the *Observer.*

Cough Treated by Inhalation.

CASE I.—Mrs. B—— applied for treatment for a cough which had troubled her for four or five years, coming on at first appearance of cold weather in the fall, lasting all winter, to disappear in the spring until cold weather again set in. It was a constant hacking, excited by cold air, tickling in the throat pit, expectoration of tough, stringy mucus, occasional pain in the chest and between the shoulder-blades, but in the bronchia there seemed to be more of a feeling of soreness than pain, with gurgling sounds at every inspiration. In damp, heavy weather the cough is worse, frequently keeping her awake at night, and deranging digestion by severe efforts to detach the mucus clinging to the sides of the air tubes. She was ordered to inhale *Oleum Terebinthæ*, one drachm to two ounces of water, night and morning, and report at the end of a week. This she did, with much joy at the improvement in her condition. Her cough was better; did not trouble her at night; slept well; appetite very much improved, and had gained one pound of flesh. The inhalations were continued for six weeks, which had entirely cured the cough, and at present—three months since—she has remained perfectly well.

CASE II.—Reuben R—— took cold in November last, which resulted in soreness of throat, fever, headache, cough, pains in chest, and deranged digestion, which in a few days, under common domestic remedies, disappeared, leaving only the cough, which has seemed to get worse under every treatment. On the 15th of December last he applied for Homœopathic treatment, presenting the following train of symptoms, viz.: Severe paroxysms of coughing every half hour, terminating in free and copious expectoration of a white, frothy, gelatinous mucus, and accompanied with considerable pains in the chest behind the sternum of a burning character, and oftentimes with vomiting of the food if the paroxysm occurred soon after a meal; a loud

rale is heard at the bifurcation of the trachea on auscultation, and is also heard by the patient, especially in the morning. A solution of *Tartar Emetic*, two grains to one ounce of *aqua pura*, was prescribed, and the patient ordered to use by inhalation three times a day. After the second application he had no more vomiting, the cough and expectoration decreased, and fourteen applications cured him entirely without the use of any other medicament.

THE SCIENCE AND ART OF SURGERY. By E. C. Franklin, M.D.

In the first forty pages of this issue we have "a brief historical sketch of Surgery from the earliest period to the present time."

The profession will undoubtedly, on reading these pages, award to Professor Franklin their sincere thanks for so satisfactory and complete a history of Surgery as he has furnished.

From the early dawn of Surgery, for more than three thousand years, we have a regular chain—link after link is furnished through all the long ages of the world, until we are brought down to the present astonishing improvement in the Science and Art of Surgery.

From the 40th page to the 60th, we have a lucid exhibition of the "Modifications of healthy nutrition," "Outlines of the normal nutritive process," and "Surgical Semeiology."

From the 60th to the 193d page, we have "Bandaging, and other points of Minor Surgery," illustrated by 145 cuts, showing the many and beautiful appliances used in the present advanced state of Operative Surgery. To the medical student and to the surgeon, we doubt whether there is any part of this valuable work more interesting and important.

In Part Third, "Inflammation and the diseases arising out of the inflammatory process," is fully and ably treated. In the second chapter of this Third Part we have a fine illustration by plates of the different kinds of ulcers and their treatment.

Part Fourth treats of "Disorders from perverted nutrition," including Tuberculosis and Venereal diseases, with very fine plates illustrative of the character of these affections.

We consider this work a valuable addition to the profession and to Homœopathic literature.

ALLOPATHIC LOGIC.

THE treatment which Homœopathy has received at the hands of Allopathists, is no small argument in its favor. Hahnemann in breaking loose from the trammels of the schools, and in founding a new mode of practice, was met, as his disciples have been, with the assaults of false reasoning, and of wit more innocent of point than scurility. Nor were civil persecutions wanting in those countries where such things could be done;—in others, Medical Societies have fulminated their noisy but harmless bolts at these luckless heretics, vainly endeavoring to thrust Homœopathists from the pale of the profession, and to deny them its rights and privileges.—But who has yet showed Homœopathy to be false? We appeal to facts: we base our assertions upon experiments, and if our assertions are false, it is easy to prove them so by counter experiments. We assert that certain medicines given in health will produce certain symptoms in the diseased system. We point to numberless experiments, made with the greatest possible care, by practitioners in all parts of the world during the last fifty years, as confirmation of our assertions, and how are we met? One Society has it thus:—

"*Resolved*, As the sense [?] of this Society, that we consider the treatment of disease by the system of practice called Homœopathia, as unsafe, undignified, and unworthy of the present enlightened state of Medical knowledge."

What does this prove? That Aconite does not cause symptoms very like a fever, when administered to a person in health? Or does it prove that the same Aconite given to a person in a violent fever, will not check the fever and restore the patient to health? Or that if given in an infinitesimal portion, it will fail to produce a beneficial effect? Not at all. It merely proves that those who passed such resolutions were ignorant of the principles of Homœopathia, and unwilling to examine them: hence are guilty of a course which is "unsafe, undignified, and unworthy the present enlightened state of Medical knowledge," in that they have condemned that of which they are totally ignorant, like the venerable justice who would never hear both sides of a case, because he always got confused if he listened to the second party.

SOPHISTRY is like a window-curtain; pleases us as an ornament, but its true use is to keep

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TO OUR READERS.

We think it proper to state, that we do not hold ourselves responsible for any views contained in any communication which may appear in the OBSERVER. To those who may not agree with the sentiments of any writer, our columns will be open to criticism or review, if it be done in a kind, gentlemanly and dignified manner.

Our journal has been enlarged by an addition of eight pages. The great increase of matter demanded an enlargement, and we trust our readers will have their interest proportionally expanded. It is the intention of the Society, as soon as expedient, to add an additional eight pages, thus giving a thirty-six page journal.

DR. CROPPER'S excellent article, "*On the Means of Promoting the Interests of Homœopathy*," has been received, and will appear in our next issue. We regret that want of space prevents its appearance in our present number.

The Well-Water of St. Louis and other Great Cities: Its Relation to Endemic and Epidemic Diseases.

BY N. D. TIRRELL, M. D.,
Professor of Chemistry and Toxicology in the Missouri Homœopathic College.

Theories respecting the cause of the Cholera, its transmission from one infected district to another not infected, its pathology, and its cure, have been suggested—even demonstrated; their number is immense, not to say infinite; but most if not all of them are ephemeral; those of to-day pushing aside those of yesterday, to be in their turn thrust out by those of to-morrow. But how much soever the medical profession may differ as to the above named points, there is much uniformity of belief, as to the injurious influence of the matter of which the dejections of the Cholera patient are composed, whether in the sick room or otherwise. Whether it has the property of multiplying itself within the human organization, like a ferment, or like the virus of the exanthematous diseases, is uncertain, but is extremely probable. That it must somehow multiply and increase, is believed by those who believe that the cause of the Cholera must be sought for in matter possessing a high degree of potentization. A theory has been suggested by some physicians, amongst the most prominent of whom is Dr. Snow of London, that the poison is not only taken into the lungs by the ordinary process of respiration, or absorbed by the skin, but that it is swallowed with the food we eat, or the water we drink. As the rice-water secretions are colorless and inodorous, he contends that they adhere to the food during its preparation, from the imperfect manner of washing the person, especially the hands, of those who have been in attendance upon Cholera patients, or engaged in washing the clothing or vessels which have been contaminated by their dejections; or that in some way it may enter into the water which is supplied to the inhabitants by the water companies, or that drawn from wells in districts in

which Cholera prevails. Be this as it may, it is absolutely certain that the water supplied to the inhabitants of London does habitually contain particles of human odure, which are rendered quite visible by the means of the microscope. Dr. Snow has shown that an outbreak of the Cholera in Soho was fairly attributable to the water of a certain well, into which contaminations from a neighboring sewer freely entered. If any converse fact could add any strength to his opinion, it may be had in a fact cited by one who fully believes in Dr. Snow's theory: "Bethlem Hospital, and an asylum for children called the House of Occupation, stand near together on an open space of ground between fourteen and sixteen acres in extent, lying in the parish of St. George, Southwark. Being dissatisfied with the water supplied by the Lambeth Company, the Governors some thirty years ago sank Artesian wells on the premises, and the water thus procured is used exclusively in the two institutions, which number between them about seven hundred residents. There has not been a single case of Cholera in the Hospital, or in the House of Occupation, in any of the three epidemics, although the disease has prevailed extensively in the parish, and in the streets of their immediate vicinity." The Board of Health, incited by the facts asserted to exist by Dr. Snow and other believers in his theory, instituted an inquiry, the result of which was confirmatory of this theory. One Mr. Simon reports, that the population drinking dirty water appears to have suffered three and one-half times as much mortality as the population drinking other water.

Now if the above is applicable to the water of the city of London, it applies with much more force, we contend, to some of the water consumed by the inhabitants of St. Louis. The water rate of St. Louis is avoided as much as possible by the poor, by resorting to wells in the vicinity of their residence, more or less remote. It is the object of this paper to show that such water can scarcely escape being contaminated, and that it is utterly unfit for the drink of man, or for the preparation of his food, especially at a time when Cholera is prevalent.

Every one has observed a peculiar property of the clay underlying our city, that it splits into pyramids more or less regular, standing in a perpendicular position, some with their bases upward, others with their bases downward; or into prisms more or less regular, also arranged perpendicularly; and that between these pyramids or prisms there are crevices or fissures, affording a passage more or less free to surface water. This fact may assist in explaining why it is that during the copious and long continued rains of spring and fall, cellars are more or less penetrated by the water, though often above the grade of the adjacent streets and sewers; this water is often observed to run out with almost as much facility as it runs in. Beneath this clay, at a varying depth, but usually from twenty to fifty feet, is found the limestone rock, upon the surface or in the crevices of which the water finds its way to a lower level, which may be a well whose bottom is on the rock, or one sunk a few feet into it. This clay does not and cannot act as a filter for the water, since it readily absorbs water, or is dissolved in the water and converted into mud, conditions that prevent it from acting as a filter. There can be but little doubt, then, that much of the surface water, with its countless contaminations, has an access more or less free to our wells, the water of which is used by man for drink and domestic purposes.

In all great cities where coal gas is manufactured for illuminating purposes, the surface of the earth to the depth of several feet is mixed, in some instances to a point of saturation, with this deleterious compound gas, which is readily absorbed by the surface water in its passage to the rock below. It is true that much of the impurity of well water, derived from this source, is removed by boiling; but boiled water constitutes but a small portion of the drink of the inhabitants of this city, especially in hot weather, when pure and cold water is so desirable and important.

Again, it is well known that the walls of privies are built of bricks without cement or mortar, and are purposely laid in such a manner that the interstices are the largest possible,

to secure the permanency of the wall. This is done that the liquid contents of the vaults may pass out into the surrounding clay and thence to the rock beneath, leaving only the more solid matter; but this solid matter even undergoes fermentation and decomposition, assisted by the water present and the heat of the atmosphere, and is soon reduced to a liquid condition, and it in time also finds its way to the surface of the rock beneath. The same remark applies, though with less force, to the contents of sewers, a portion of the contents of which cannot fail to pass through the porous bricks, or through the interstices when not laid in cement, or through fractures which exist here and there.

Consider, too, for a moment, that Mill Creek, running across the centre of the city, its channel filled with putridity black as the Stygian Pool; and consider for a moment, that other stream running across the northern part of the city, the Rocky Branch, the general receptacle of all the nameless and unnameable contaminations originating on its banks. Consider for a moment the depressions in the general surface of our city, always containing water, gradually being filled with the *slough* of a great city. Consider all these things, and after do not wonder that the Cholera and kindred diseases decimate that portion of our population who drink well-water; do not wonder that disease is originated or intensified in such localities. Is it not terrible, horrible, to think that this well-water *must* contain human odure in large quantities? In how many hours after the dejections of a Cholera victim are thrown into a privy, do they find their way into the water, which ought to give health to the thirsty, rather than disease and death? How much poison, leaking from the gas-pipes, is contained in every draught of well-water? How much decomposing animal and vegetable matter, with which our numerous sink-holes are reeking, is contained in a tumbler of well-water? How much poison from the shambles, glue, soap and mineral oil factories and chemical works is taken by him who seeks for a wholesome draught at one of these wells?

In one family, whose medical adviser and attendant I was during the past summer, I observed a constant tendency to attacks of cholera morbus, diarrhœa and dysentery. With the ideas in my mind I have here endeavored to set forth, I enquired whether they were not drinking well-water, and was answered in the affirmative. Upon examination of the premises, I found that within less than twenty feet of the well there were two privies; and within a radius of one hundred feet or less there were several others. I ordered the discontinuance of the water of this well for all domestic purposes, with the result of the discontinuance of the above mentioned tendency to intestinal derangements. Two of the three deaths by Cholera that occurred in my practice, may be fairly attributed to the drinking of water from a well into which the water (?) from the Mill Creek could easily penetrate.

In view of these facts, I would earnestly recommend the discontinuance of water from these sources of death. Water as pure as possible should be supplied without stint to the poor of our city, at all times, and especially during the heat of summer, when cleanliness, so essential to health at all times, becomes many times more necessary. The poor should not be fined for *stealing*, as it is called, water from a hydrant. Landlords should be required to furnish a thorough supply to all tenants whose means prevent them from paying the rates. The hydrants, in districts where Cholera is prevalent, should be free or nearly so, and not secured by a lock, or fear of a fine. Wells should be filled up or boarded up, or otherwise secured from scattering its terrible poisons. We might, it is true, lose some of the revenue derived from water licences, but should we lose one-tenth part as much as we have lost in burying the Cholera dead of the last year? Can any one calculate the pecuniary loss that our city suffered during the prevalence of the epidemic last August and September? How many millions of dollars, that otherwise would have been spent at home, were spent in the East by the thousands who fled from the city before

the Cholera reached us? How many thousands were spent by those who took up a temporary residence in neighboring towns, as soon as the disease became an epidemic? How many millions in the way of trade were diverted and are diverted from St. Louis into other channels? How many valuable lives, valuable and dear to somebody, the bone and sinew of our city, were destroyed? How many years has St. Louis been set back by that single epidemic? How many years will it take to place St. Louis at the very top of the list of the healthiest cities of the world, if these epidemics are *allowed* to prevail? There were but fifty-seven interments in our city last week (ending March 1), of which ten were stillborn. Can any city of upwards of 250,000 inhabitants furnish a parallel? It is evident, then, any process that compels the poor or others to consume well-water, and that does not furnish them wholesome water in abundance as free as the air we breathe, is a "penny wise pound foolish" system; that such a process is a perfect exemplification of the old saw of "securing the tap, but letting the liquor escape at the bung-hole."

In conclusion, I will cite a portion of the Report of the Registrar General of London recently made: "In London the Cholera has not only been less fatal than it was at any previous epidemic, but its fatality has been reduced almost to insignificance, in several of the districts, by the mere force of hygienic science, before which the destroyer has retreated step by step; never, however, losing an opportunity of asserting its full power wherever negligence or ignorance presented an opening, either in England or in the cities of the continent of Europe. Cholera obeys certain laws; and the knowledge of those laws renders its subjugation in Europe practicable, provided all the people, as well as the Government, will co-operate in the work."

WHENEVER we drink too deeply of pleasure, we find a sediment at the bottom of the cup, which embitters the fine draught we have quaffed with so much avidity.

ASTHMA.

BY TEMPLE S. HOYNE, M.D., CHICAGO.

Asthma is, strictly speaking, an "obstruction of the smaller bronchial tubes from tonic spasm of the unstriped or organic muscular fibres forming a part of the anatomical constitution of the tube," or: "Asthma may be defined as being—great difficulty of breathing; occurring in paroxysms; accompanied by a loud wheezing sound of respiration; going off, after some hours, with more or less mucous expectoration; and unattended with fever. And these paroxysms of dyspnœa are believed to depend upon a spasmodic constriction of the bronchial tubes." "The seizure itself is the expression of perverted nervous action, but there are generally permanent conditions present, such as organic disease of the brain or medulla oblongata, of the heart, or of the lungs, which act as constantly predisposing causes to these seizures, and lead to attacks either by direct irritation of the pneumogastric nerves, or through the medium of the reflex system."

There seems to be a difference of opinion regarding the cause of asthma, the first two authors quoted believing it to be simply a neuropathic affection, possessing no anatomical characters, and the third believing that it always possesses anatomical characters. I agree with the former, that the disease *does exist* without any appreciable lesion, not denying that organic disease of the brain, &c., may produce it.

The paroxysms usually occur during the night or early in the morning—between three and five. The patient is often able to predict an attack, some hours beforehand, by the following precursory symptoms, viz.: languor, flatulency and faintness, headache and a feeling of heaviness over the eyes, uneasiness about the precordia, sense of fullness at the epigastrium, palpitation of the heart, sometimes depression, at others excitation of the mind, itching of the skin, and a husky feeling in the throat. Sometimes the feelings are indescribable, but their signification is well known to the sufferer. The paroxysms are sometimes developed slowly, and at others very suddenly—in the great majority, I think, the paroxysm comes on slowly.

The exciting causes are as various as numerous, the principal

being, sudden or violent emotions, fatigue or physical exhaustion, gastric irritation, smoke, dust, fog, smell of hay, and ipecac. In some cases there is no apparent reason for the attack. The suppression of cutaneous eruptions, and the metastasis of rheumatism or gout, has been known to produce an attack of asthma.

The paroxysm is characterized by a tightness and constriction of the chest, and "laborious efforts at breathing, prompted by a painful sense of the want of air." The patient cannot lie down in bed, as its warmth excites increased secretion of the mucous follicles, thus blocking up the air passages more completely, and causing the paroxysms to be more frequent. He sits resting his elbows on his knees, or paces the room with the head thrown back, and the mouth open, endeavoring, by every possible means, mechanically to expand the chest. The number of respirations are not materially increased—inspiration spasmodic—expiration prolonged. The patient cannot speak, or speaks slowly and one word at a time. Cold air affords slight relief, but the slightest draught cannot be borne. Face pale, sometimes bloated, and of a cyanatic hue. Pulse small and feeble, or irregular; skin cool, especially of the lower extremities; nostrils dilated, eyes staring, countenance anxious or depressed—in fact, the patient's appearance is so distressing that he often seems to be dying. Sometimes the body is bathed with a cool perspiration, at others warm, due to the laborious efforts at respiration. Auscultation reveals the absence of the respiratory murmur, and the presence or existence of a wheezing sound or sonorous or sibilant rales. Dr. Salter first observed an itching sensation on the chin, sternum, or between the shoulders, which is not relieved by rubbing. The urine, at the commencement of an attack, is generally abundant and colorless, but towards the termination of the paroxysm is often dark, and scanty, and in rare cases, suppressed.

A paroxysm may last from a few moments to several days. After the paroxysm is over, there is generally cough, with the expectoration of small mucus pellets of a jelly-like consistence, or light frothy mucus, or the expectoration may be blood-streaked, and in a very few cases a true hemorrhage takes place. Loss of appetite, and an irregular state of the bowels, is not unusual after a severe attack.

The paroxysms recur regularly—the intervals during which the patient enjoys good health differing in different persons; some recur every day, some every week, and others only once a year. The paroxysms may recur irregularly, when the patient is exposed to the exciting causes mentioned above. Asthma is generally of hereditary origin—males being more liable to it than females. For the benefit of the afflicted I will state, that the best authorities agree in saying that asthma, uncomplicated, never kills, and that asthmatics live to a good old age. Dilation of the air cells takes place after a time, but this dilatation does not seem to interfere greatly with their normal action.

Dr. Salter classified asthma as follows, viz.: 1st class or form, "Those cases in which the exciting cause is manifest, the lungs seeming to be mainly or alone concerned, as asthma from fog, smoke, hay, ipecac, atmosphere, &c." 2nd class, "Those cases which are due to reflex action, as asthma from error in diet, from the irritation of a loaded rectum, or uterine irritation, sudden application of cold, from mental emotions, &c." 3rd class, "Asthma complicated with bronchitis, heart disease, or emphysema."

This seems to me the best division yet made, and still it does not seem to cover the whole ground, for occasionally we meet with a case where the exciting cause is not manifest, where the disease is not complicated with bronchitis, carditis, &c., and is not due to reflex action, that is, as far as we can learn from the patient.

Is asthma curable? The old school have cured a great many cases by the use of emetics, counter-irritants and antispasmodics, but the proportion of cures to the number of cases treated is infinitesimally small. To Homœopathy was reserved the honor of successfully combating the majority of cases, which had not grown old under the emetic treatment.

It will be impossible, in the pages of this journal, to give indications for all of the remedies that have been used in this disease. Only those remedies which are used frequently in asthma can be given. To avoid repetition, I shall compare the symptoms of each remedy with those of Aconite.

Aconitum nap. will be found of benefit in dark haired, plethoric persons, who lead a sedentary life; in those cases

where the attack follows the suppression of an acute rash, and in those cases which present the following symptoms: a small intermittent or irregular pulse, coated tongue, eyes staring, respiration oppressed, palpitation of the heart, the muscles of the chest are rigid, the face is red, the forehead bathed in perspiration, occasionally vomiting, and the urine scanty and dark. The patient is anxious, irritable and peevish, can talk but little at a time, is averse to motion, and complains of a band around his chest. After the paroxysm, the expectoration is blood-streaked or yellow. Aggravation in the spring, dry weather, after eating, from talking, during inspiration at night and during sleep, that is, he is generally awakened from sleep by the paroxysm. A much more useful remedy is Arsenicum album, especially in anæmic persons. Sweat on lower part of the body, in Aconite it is general over the whole body. The face is pale, the pulse quick, small and weak, and the patient complains of dust in the lungs and throat. The expectoration is frothy, with a saltish taste. Cold water or ice applied to the throat ameliorates.

Arnica differs from Aconite in the following symptoms: inclination to move, sleeplessness before midnight, (Aconite, sleeplessness after midnight,) and the patient appears to be dying. Arnica is rarely used.

Argentum has been used with success in several cases, where the attack comes on in the afternoon; sweat on the upper part of the body, frequent and copious urination, and almost constant expectoration.

Aurum is indicated in light haired persons, especially the subjects of an active mercurial treatment, when the attack comes on in the morning, and the face becomes cyanatic. Aggravation in wet weather and warm air.

Baryta will be found useful in old people, especially fat people, with light hair; aggravation same as Aurum; frequent and copious urination.

Belladonna is indicated when the paroxysm comes on in the afternoon or evening. The patient complains of a sensation of dust in the lungs, (similar to Arsenicum, but Belladonna is more applicable to plethoric and Arsenicum to anæmic persons.) Better when bending the head back, and when holding the breath. There is usually sweat on the upper part of the chest.

A spoonful of wine frequently ameliorates when Aconite is indicated, but when it aggravates Belladonna is the remedy, if the other symptoms correspond.

Asthma coming on in the evening, or in foggy weather, in light haired persons, with a tendency to constipation, indicates Bryonia. The respiration is quick and deep, without motion of the ribs. Better in the cold air and from drinking cold water.

Calcarea carbonica has been used in asthmatics of a scrofulous diathesis, very often with success. The indication is somewhat similar to that of Bryonia. The attack comes on *early in the morning*, the muscles *are not rigid*, and the sensation of dust in the throat and lungs is generally present. The other symptoms correspond to those of Bryonia. The asthma of old people, especially inveterate cases, requires Carbo-veg. when the attack comes on early in the morning. The prominent symptoms are appearance as if dying, increase of saliva, and better in cold air. The symptom, "appearance as if dying," indicates one of these five remedies, viz.: Aurum, China, Coffea, Opium and Carbo-veg. The totality of symptoms must decide which is the appropriate remedy.

When an accumulation of flatus seems to produce the attack, Chamomilla is the remedy. There is an inclination to be constantly moving, the upper part of the body is covered with sweat, the face of a reddish color, and the urine pale. Better from bending the head back, in cold air, and drinking cold water. Worse in dry weather, and from warm diet.

China, as stated above, is indicated when the patient appears to be dying. Its chief use is in debilitated persons, inclined to flatulency, and diarrhœa. The more prominent symptoms are, sweat of the upper part of the chest, inclination for motion, and increase of saliva. The paroxysms come on in the *fall*, wet weather, and after midnight.

Coffea is another good remedy for the morning paroxysms. The patient wants to be continually moving, urinates frequently and a large quantity at a time, and fears death during the paroxysm.

In rare cases Conium is undoubtedly a valuable remedy. Acts with better effect on light haired persons. Principal symptoms: face of bluish-red color, urine pale, and sweat on the lower part of the body. Paroxysm apt to come on in wet weather.

Occasionally we meet with a case requiring Cuprum Metallicum. The pulse is slow and weak, the face of a bluish color, urine dark and scanty, and inclination to be constantly moving about. More suitable for light haired persons.

Digitalis is indicated in those cases where the respiration is slow, pulse slow or intermitting the third, fifth or seventh beat; face of a bluish-red color, sweat on the upper part of the body, and tendency to diarrhœa. The paroxysms come on early in the morning, especially in cold weather.

Hepar Sulphur must not be forgotten in those cases which awaken the patient from a sound sleep. During the paroxysm the face becomes blue, the saliva is increased, and the patient complains of dust in the lungs. Smoking (tobacco) and throwing the head back ameliorate. The expectoration after the attack is frothy.

Ipecac is suitable for recent cases, where the patient is awakened from a sound sleep, with a sensation of constriction in the chest and larynx. He is irritable and peevish; the face is red or cold and pale, respiration quick and rattling, and pulse small.

Ignatia differs from Aconite in the following symptoms: It is suitable in anæmic persons of a hysterical diathesis (if I may so call it), when the attack comes on in the day or evening before midnight. During the attack the face is livid, the saliva is increased, the urine pale and copious, often passed involuntarily, the abdomen bloated, and a partial sweat covers the chest. Cold air seems to relieve.

Kali-carbonicum is frequently of great service where there is an aversion to being alone, or to the open air. More or less perspiration on the upper part of the body, increased by motion, and a dry, harsh respiration, are the prominent symptoms. During the paroxysm, in addition, the patient is anxious and peevish, the face pale, the saliva increased, and the urine scanty.

Hartmann says: "Asthmatic paroxysms originating from the inhalation of the vapor of arsenic, are removed by no remedy with more certainty than by Mercurius 3d in repeated doses." Mercurius is also of great benefit in those cases where smoking (tobacco) and cold air lessen the violence of the attack.

Moschus is laid down by a few authors as a remedy for acute asthma in hysterical females, and in children from exposure to cold. It is indicated in anæmic persons when the paroxysm comes on in the afternoon.

Nux Vomica is indicated if the attack, which takes place in the morning, is preceded by anxious dreams. The patient complains of a feeling of distention in the abdomen, palpitation of the heart, and a tightness across the lower part of the chest. The face is red, the urine pale, the expectoration yellow or frothy, and increase of saliva during the attack.

Opium—Pulse full and slow, respiration slow and loud, face of a bluish color, extreme anguish from dread of suffocation, and appearance as if dying. Slight relief is afforded by cold air and by bending the body forward. Aggravation from eating, from wine, and from smoking.

Pulsatilla is suitable for those cases where the attack arises from deranged menstruation, especially in mild, sensitive or fretful persons. The pulse is quick, small and weak, the face pale or red, and a suffocative feeling in the windpipe is generally experienced. The cough is followed by a copious expectoration of frothy mucus.

Spongia meets the following symptoms: Attack comes on in the afternoon, the face red, eyes staring, respiration slow, urine pale, expectoration blood-streaked or yellow.

Sulphur meets those cases occurring in persons of a scrofulous diathesis, who are subject to constipation; diarrhœa, or alternating constipation and diarrhœa. The attack comes on during sleep or in the evening, with a feeling of tightness across the chest, and a sensation of dust in the air passages. The attack is often brought on by exposure to a smoky atmosphere.

Thuja has been used in asthma when the attack comes on in the afternoon or after midnight. The face during the paroxysm is red, the urine too copious, and often is passed involuntarily. Relief is afforded by throwing the head back and by cold drinks.

Veratrum album is indicated in inveterate cases when the attack occurs in damp cold weather, early in the morning. Prominent symptoms are coldness of the nose, ears and lower extremities, cold sweat of the upper part of the body, vomiting, inclination for motion, and amelioration from throwing the head back.

Allopathic authorities relate several cases cured by Acetic acid. It is homœopathic when the respiration is labored and hissing, rattling in the throat, nervous excitable mood, shooting pains in the temples, cramps, cold hands and feet, skin cool, dry cough, face pale, and free discharge of pale urine.

Tartar Emetic, Sambucus, and Cannabis, have also been used in asthma with more or less success. The trouble, I think, in curing this disease is, that the physician will not pay sufficient attention to the little details I have enumerated under each remedy. For convenience I make the following

RESUME.

Light hair—Aur., Bary., Bry., Calc., Cham., Coff, Con. Cupr., Dig., Ipec., Merc., Op., Spong., Thuj., Verat.

Dark hair—Ac., Arg., Ars., Bell., Carb. Veg., Chin., Kali, Mosch., Nux-v., Puls.

Plethoric persons—Ac., Aur., Bell.

Anæmic persons—Ars., China, Ignat., Mosch.

Aversion to motion—Ac., Ars., Bary., Carbo-v., Dig., Ignat., Merc., Nux-v., Puls., Thuj.

Inclination for motion—Arn., Cham., Chin., Coff., Cupr., Mosch., Verat.

Face pale—Ars., Chin., Ipec., Kali, Mosch., Sulph.

Face red—Ac., Bell., Bry., Bary., Cham., Ignat., Ipec., Merc., Mosch., Nux-v., Op., Puls., Spong., Thuj.

Face blue—Aur., Con., Cupr., Dig., Hep., Ignat., Spong. Samb., Verat.

Face bluish-red—Bell., Bry., Con., Cupr., Dig., Ip., Samb.

Respiration anxious—Ac., Arn., Ipec., Puls., Thuj.

Respiration slow—Dig., Op., Spong.

Respiration quick—Ac., Bell., Carb.-v., Cupr., Ipec., Merc., Sulph.

Respiration with mucous rattle—Cupr., Hep., Mosch., Op.

Respiration loud, without mucous rattle—Cham., Chin., Kali, Op., Samb., Spong.

Respiration quick and deep, without motion of the ribs—Bry., Ipecac.

Worse during inspiration—Ac., Bry., Arg., Arn., Calc., Cham., Ipec., Kali, Merc., Spong.

Worse during expiration—Dig., Ipecac., Puls.

Worse from holding the breath—Merc.

Better from holding the breath—Bell.

Pulse full—Ac., Aur., Bell., Bry:, Cupr., Dig., Mosch., Op.

Pulse hard—Ac., Arn., Bell., Bry., Chin., Cupr. Dig., Hep., Ignat.

Pulse slow—Bell., Con., Cupr., Dig., Op., Verat.

Pulse soft—Ac., Carb.-v., Cupr., Merc., Verat.

Pulse quick—Ac., Ars., Puls.

Pulse small—Ac., Bell., Cham., Chin., Carb.-v., Cupr., Ipec., Kali, Merc., Op., Puls., Samb., Verat.

Pulse intermittent—Ac., Chin., Dig., Bry., Hep., Kali, Op., Samb., Sulph.

Pulse irregular—Ac., Chin., Dig., Ars., Bry., Hep., Op., Sulph., Verat.

Sweat on the upper part of the body—Arg., Chin., Cham., Bell., Dig., Ipec., Kali, Verat.

Sweat on the lower part of the body—Ars., Con.

Sweat increased by motion—Kali, Spong.

Increase of saliva—Arg., Carb.-v., Chin., Dig., Hep., Ignat., Ipecac., Kali, Merc., Nux, Puls.

Decrease of saliva—Ac., Arn., Ars., Mosch., Op., Spong., Sulph., Thuj., Verat.

Eyes protruding—Ac., Spong.

Eyes sunken—Chin., Cupr., Nux-v., Sulph., Verat.

Expectoration blood-streaked—Ac., Bry., Chin., Spong.

Expectoration yellow—Ac., Calc.-c., Nux-v., Puls., Spong.

Expectoration frothy—Ars., Hep., Nux-v., Puls.

Expectoration constant—Arg.

Urine too copious—Arg., Bary., Coff., Ignat., Merc., Thuj.

Urine too scanty—Ac., Arn., Aur, Bell., Bry., Calc., Carb.-v., Chin., Cupr., Dig., Hep., Kali, Nux-v., Op., Puls., Sulph., Verat.

Urine dark—Ac., Bell., Bry., Calc., Cupr., Carbo-v., Dig., Ipec., Kali, Merc., Op., Sulph., Verat.

Urine pale—Con., Cham., Ignat., Mosch., Nux-v., Spong.

Urine too frequent—Arg., Bary., Coff.

Urine passed involuntarily—Ignat., Thuj.

Flatulency—Arn., Carb.-v., Cham., Chin., Nux-v., Puls., Verat.

Constipation—Bry., Calc., Nux-v., Op., Sulph.

Diarrhœa—Cham., Chin., Merc., Puls., Sulph., Verat.

Morning paroxysms—Aur., Bary., Calc., Carb.-v., Coff., Dig., Ignat., Kali, Nux-v., Verat.

Afternoon paroxysms—Arg., Bell., Ignat., Mosch., Puls., Spong., Thuj.

Evening paroxysms—Arn., Bell., Bry., Ignat., Ipecac., Kali, Puls., Sulph.

Paroxysms at night—Ac., Ars., Arn., Bary., Chin., Cham., Con., Cupr., Coff., Hep., Ignat., Kali, Merc., Op., Sulph.

Paroxysm comes on during sleep—Ars., Bell., Bry., Cham., Hep., Ipec., Nux-v., Sulph.

Spring attacks—Ac., Bell., Bry., Calc., Carb.-v., Puls., Sulph.

Fall attacks—Chin., Merc.

Summer attacks—Bell., Bry., Carb.-v., Puls.

Winter attacks—Aur., Ars., Bry.; Hep., Kali, Mosch., Nux-v. Puls., Verat.

Aggravation from smoking—Calc., Nux-v., Op., Sulph.

Aggravation from talking—Calc., Chin., Carb.-v., Hep., Sulph., Verat.

Aggravation from swallowing—Bry., Bary., Hep., Merc., Nux-v., Puls., Sulph.

Better when swallowing—Arn., Ignat.

Better from tobacco—Hep., Merc.

Aggravation from a draught of air—Bell., Calc., Chin., Hep., Kali, Sulph.

Aggravation in foggy weather—Cham., Chin.

Aggravation in wet weather—Calc., Merc., Sulph., Verat.

Aggravation in clear weather—Bry., Hep., Ipec.. Nux-v., Spong.

Better from bending head back—Bell., Cham., Hep., Thuj., Verat.

Better from cold drinks—Bry., Cupr., Verat.

Better in wet weather—Ac., Bry., Hep., Ipec., Nux-v., Spong.

Appearance as if dying—Arn., Carb.-v., Chin., Coff., Op.

Sensation of dust in the lungs—Ars., Bell., Calc., Hep., Ignat., Sulph.

Sensation as if a band was around the chest—Ac., Con., Ipec., Nux-v., Sulph.

All the remedies are indicated in oppressed respiration,

coated tongue, vomiting, and palpitation of the heart; hence the other symptoms must decide.

The remedy should not be given in the intervals between the paroxysms oftener than once a day. It is very difficult to choose the right remedy—consequently attention must be given to every symptom, however trivial it may seem.

I should be pleased to have the readers of the OBSERVER send me a report of any cases they have cured, with the symptoms, medicine employed and attenuation, and length of time under treatment.

The Commencement of the Homœopathic Medical College of Missouri.

There is perhaps no city in the United States in which Homœopathy has made more rapid strides, in a few years, than St. Louis. While we note with pleasure that in Boston a bill is before the Legislature for the incorporation of a Homœopathic Medical College, and while in New York a magnificent Hospital enterprise is on foot; while in Chicago, Cleveland, Philadelphia and New York, Homœopathic Colleges, Dispensaries and Pharmacies are in a high state of cultivation, we think that St. Louis has also done her share in spreading the truth of the great law of Hahnemann.

The Commencement exercises of the College took place on the evening of the twenty-seventh of February in the new and beautiful Hall of the Polytechnic Institute. It was deemed advisable by the Faculty that the Commencement be held thus early, instead of on the first day of March, in order that those students whose homes were at a great distance, especially those from the Canadian Provinces, would have sufficient time to arrive at their destination before Sunday; otherwise they would be obliged to lie over during the whole of Sunday at some intermediate place—a condition of things which is not particularly desirable to those who have sat under seven lectures per diem for a number of consecutive months, whose brains are wearied with continued exertion, whose pockets are perhaps as empty as their heads are full; some of whom are anxious to lay before

their friends and the public the parchment guarantee of their successful application, and all of whom are yearning for the pleasant faces of "home, sweet home."

The Hall was crowded with a brilliant assemblage of ladies and gentlemen, even a few liberal-minded Allopathic physicians being present on the occasion; the evening was fine, and the arrangements as perfect as could be desired.

The students entered the Hall at about a quarter before eight o'clock, the passed candidates for graduation taking the lead; so soon as they were seated, the Board of Trustees and Faculty, with several of the oldest and best citizens of St. Louis, followed and took their places on the stage.

The exercises were opened by an appropriate prayer, delivered with much earnestness, by the Rev. Dr. Schuyler; after which an exquisite air from the band in attendance charmed the audience. There is nothing like good music on such occasions—it assists in relieving any monotony of exercises, and allows a little conversation to take place, the ladies to arrange their dresses, and the men to recross their legs.

Dr. Walker, who announced the order of exercises, then introduced Dr. Helmuth, who in a few words spoke of the history of the College, the difficulties it had encountered, and its thus far complete success.

The conferment of the degrees of Doctor of Medicine then took place; Silas Bent, Esq., in the absence of the President of the Board of Trustees, acting on the occasion. Dr. Franklin then delivered the Hospital Diploma of the College to the graduates; after which the Dean of the Faculty pronounced the Valedictory Address, its substance being an exposition of certain points in the Homœopathic Law. The Rev. Mr. Heath then concluded the ceremonies with the Benediction. Between each portion of the proceedings the music discoursed sweet strains, and the company left the Hall fully imbued with the prosperity of the Institution.

The students, Faculty, Board of Trustees, the members of the St. Louis Homœopathic Medical Society, and other invited guests, then repaired to the Hall, where a magnificent banquet, prepared at the expense of the College and under the immediate supervision of the ladies devoted to the cause, awaited them.

There stood every dainty the gourmand could wish—
The ice-cream, the oysters, the jelly, the fish,
And the fruits of all climes, and the game of the season:
If the epicure there
Was not suited in fare,
It was certainly hard to discover the reason.

As a general rule, Doctors are good feeders; as a positive axiom, students always are; and on this occasion there were no exceptions to prove the rule. The nutritious articles, the digestible articles, the indigestible articles, the articles easy of assimilation, and those requiring cast-iron stomachs for their trituration, those easy to carve, and those without any osseous framework, were masticated, deglutated, re-replenished with an ardor that was delightful to see, and wonderful to understand. Speeches were made, sentiments reponded to; and when the hour came to say good night (or rather, good morning,) all felt that the College and St. Louis had thus far upheld their reputation for good-fellowship and hospitality. The best looking ladies of the city were there. How we wish we could say what kind of things they wore; but one thing we saw on every one of those fair faces, viz., a smile of satisfaction and pleasure that by their instrumentality they had so assisted in the good work.

The following is the list of Matriculants for 1866-67:

Stilwell G. Merrill, Jackson, Mich.; Ed. McKee, St. Louis, Mo.; Charles H. Baker, Monmouth, Ills.; Mortimer Ayers, Springfield, Ills.; R. Y. Manning, Georgetown, Ky.; Wm. H. Blakely, Cadiz, Ky.; N. F. Prentice, M.D., Freeport, Ills.; James B. Adams, Springfield, Ills.; George Barth, St. Louis, Mo.; L. E. Wilson, Louisville, Ky.; John N. Reynolds, Ingersoll, C. W., H. M. Brodrick, Ingersoll, C. W.; S. C. Baldwin, Lyons, Iowa; Charles W. Clark, M.D., Aylmer, C. W.; Alfred E. Riess, St. Louis, Mo.; Henry B. Shirley, Jacksonville, Ills.; M. Kammermeyer, Farmington, Iowa; John H. Smizer, Cynthiana, Ky.; James R. Temple, Lexington, Mo.; James P. Willard, Jacksonville, Ills.; Fred. W. Whitlock, Farmington, Iowa; Julius N. DeWitt, Freeport, Ills.; James W. Routh, Decatur, Ills.; T. L. Slocum, St. Louis, Mo.; J. Meamber, East St. Louis, Ills.; George H. Stockham, M.D., Lafayette, Ind.; Lewis Grasmuck, Tecumseh, Kansas; Ed. Murphy, New Orleans, La.; A. DeHemecourt, New Orleans, La.; Wm. C. Richardson, Springfield, Ills.

The prospects for another session are even now very favorable, and while we wish all prosperity to every Homœopathic College in the country, we trust that the one in St. Louis will ever be ready to do her share in the great enterprise of sending out well qualified physicians for the propagation of Homœopathy.

HELMUTH.

VALEDICTORY ADDRESS

TO THE GRADUATES OF THE HOM. MEDICAL COLLEGE OF MO.

Delivered by the Dean of the Faculty, PROF. TEMPLE, *Feb.* 27, 1867.

To you, Gentlemen, who have this day become Doctors of Medicine, it has been made my duty to address a few parting remarks.

This profession has been your choice, and in occupying your attention for a few moments in a farewell address, we have deemed it not amiss to repeat to you some of the fundamental truths which you have learned during the session now closed.

You have been taught that the Science of Medicine is limitless in its range, and its subjects—that it demands and receives tribute from every kingdom of Nature.

You have learned that Man is fearfully and wonderfully made—that the human body, in its varied and innumerable parts, is a grand and glorious machine, every part of which, from the smallest cell to the largest organ, performs its specific work without one discordant jar while in its natural state. You have been taught that the power which moves this machinery, and keeps in harmonious action the functions of every organ, is the mysterious and incomprehensible Principle of Life—and that an invisible Force, Power or Life, pervades all nature, inorganic as well as organic.

You have learned that there are forces, invisible and inimical to vitality, everywhere existing, and ever ready to invade, derange and destroy the harmony of normal action, whenever a violation of physical law has opened the portals to the citadel of Life. That an allwise and merciful Creator has supplied and implanted, in the various members of the kingdoms of nature, forces competent to combat and conquer the disease-producing

forces which have been generated by Adam's fall and man's consequent depravity. That this invisible dynamic power is equally efficient, whether in the animal, vegetable or mineral kingdom, when chosen under the guidance of the great therapeutic law of nature, "*Similia similibus curantur.*"

You have been taught, as promulgated by the great Leibig, that life conveys the idea of an active force, and that this active force, although enclosed in a casket of material elements, is not inseparable from or identical with those elements. That material bodies composed of the same elements, and in the same proportions, have very different dynamic forces, and that these forces, invisible, diverse and dynamic, compose the armimentarium, from which you are to draw your weapons of war against Disease, the common enemy of mankind.

That throughout the wide domain of nature these forces are distributed in the individual members of her three kingdoms, unseen and unknown, till compelled, by the inquisitorial power of science and investigation, to declare their character, as agents for man's weal or woe—each having a perfect individuality and specific attributes, distinct from every other member of the great family of nature.

You have been taught, Gentlemen, that this great truth of Dynamic Power, extensive as the world, immutable as God, and beneficent as it is immutable, constitutes the grand *basis* of Homœopathy.

Standing on this foundation, and on this alone, you can use successfully the great therapeutic law, *Similia*, with relief to the sufferer and justice to the science of Medicine.

You have been taught that in Eden all was perfect—the man, the animal, the vegetable. That by sin, disease and death entered the world. That a violation of God's holy law, not only changed man's moral nature, but the atoms of the whole world became impressed with the wicked influences of the spirit of evil. It made oxygen a destroyer, and fired it with a species of fury to seize upon and destroy its fellow atoms. It made nitrogen fickle, false and unreliable. It so changed the kingly elements of carbon, hydrogen, phosphorus and sulphur, in their nature, that they yielded an unwilling and uncertain obedience to the operations of the great forces of the universe. They have no regard to the value or beauty of animal or vegetable life, and

are only too happy when the process of disintegration sends them back to revel in the inorganic world of atoms."

The varied forms of disease which afflict mankind are but a tithe of all we may see, resulting from the prevalent want of harmony in God's universe. And it is your province, Gentlemen, as philosophical enquirers, to take this extended and just view of the *original cause* and wide-spread results of evil in the world.

You have been told, that the only evidences of disease which a suffering organism can reveal, are through symptoms, calling for deliverance from an inimical, invading force. That disease is not matter, but force, and that this great truth completes the otherwise imperfect structure, reared by the master hand of Hahnemann—it is the key-stone of the grand Homœopathic arch that soon will span the world.

You have been taught that drugs can only cure disease by the dynamic force which they possess—or in other words, that every drug is but an outward material form, of a peculiar force, specific to itself,—and that the ultimate atoms of different drugs being alike, in no way affects their medicinal forces, which are widely dissimilar. That the dynamic force may be separated from its material body. That the great founder of our system, by this discovery of dynamic power, has struck from the fettered limbs of our materia medica the incumbrances of drugs, and holding in our precious attenuations the real curative power, we can bring to the destruction of the force of disease a power, that philosophy and fact declare, alone fitted for the work. That the great therapeutic law of *Similia* would be useless, if not positively injurious, without a knowledge of the dynamic force of drugs. That our great therapeutic law, known to the medical profession for more than two thousand years, could not be used to the benefit of human suffering until the founder of Homœopathy unfolded the immaterial and invisible forces of drugs, which alone contain the power to cure disease—a power imparted by Divine mercy to allay the terrible consequences of man's moral fall, manifested by the sufferings of the physical organism.

You have learned, Gentlemen, that these soothing, gentle, but mighty forces, are the agents which you must use to relieve the suffering pilgrim in his journey through life, and throw

around the closing scene of earthly existence a sunset glow of comfort and peace, when the will of our Maker is fulfilled by a pilgrimage of three-score years and ten. That the science of Homœopathy is one of facts, and challenges investigation—that the proofs of its truth are as clear as those of light or heat. That if Hahnemann, limiting his reform to the law of Similars, had placed his formula in the sphere of Polypharmacy; had he submitted his prescriptions to the massive posology of the old school; they would never have dreamed of bringing an accusation against him. His system would have had its place at the banquet of science, and none would have blushed to be his companions. But he proposed infinitesimal doses—he pronounced the word globule—indè iræ. It was all over with him. Homœopathy became the synonym of *infinitely small;* and a Homœopathic physician, "a charlatan who wears a globule for his breastpin."

You have learned that the Homœopathic Pharmacy is the abode of simplicity. The modest lattice, tempers the rays of a too vivid sun, which lights up the simple interior of this little sanctuary. There no odor, grateful or disagreeable, either pleases or offends the nose. That "we employ as medicines all the substances furnished by the three kingdoms of nature—that some of these act in massive doses, as Aconite, Belladonna, Strammonium, Opium, Arsenic, &c., &c.; and that others, inert by nature, must be divested of their material envelope, in order to become therapeutic agents, as Lycopodium, Silicia, Sepia, Carbonate of Lime, &c., &c. That a globule should no more excite a laugh, than an electric spark, or a ray of heat or light, which are imponderable and intangible fluids, the vehicles of a specific force. That viewed in the firmament of therapeutics, a globule shines with all the brightness of its specific dynamism. That if you consider a globule at the focus of life, you will as easily see in its fluid a disease or a cure, *in power,* as in a silk-worm you can imagine a mass of eggs, and in those eggs the silken robes and attire of the fashionable world."

You have been taught the meaning of the terms dynamisation, dilution, globules, &c. Alas! how few of those, who ignorantly despise these terms, understand their scientific value; and how few know what they say, when they make them the subject of rash and satirical observations. The great Cuvier

said, "Matter is only the depository of strength; matter passes away, but strength remains." Consider the miasmata, the effluvia, these deadly germs, these nothings, at their birth! Engendered by a mysterious power, nourished in the bosom of the clouds, brooded over by the wings of the wind, hatched by the hot breath of the atmosphere, agitated by the convulsions of the tempest, they acquire the dynamism of thunder. Their stroke is the more perfidious, because invisible; the more sure, because unexpected; the more fatal, because they cannot be averted. (Conclusion next month.)

The Homœopathic Free Dispensary at Leavenworth, Kansas.

Nearly a year ago, the proceedings of a preliminary meeting for the formation of a free Dispensary at Leavenworth, Kansas, were published in this journal, and it is with feelings of the highest gratification that we now peruse the first annual report of the Institution. Before we look into the information contained in this pamphlet, let us say a complimentary word in regard to its typographical execution, which is certainly creditable to any press in ANY city, and in itself will convey to the minds of our Eastern brethren what rapid advancement is being made in the arts of life in those localities which but a very few years since were but the vast expanse of an unsettled wilderness. When, moreover, co-equal with this progress, we observe Homœopathy in the very front, spreading its beneficent light for the benefit of the suffering poor, we only find another fact to prove that unity of design which amidst endless diversity pervades all nature, and which speaks volumes of future good, not only in a purely medical sense, but as regards the mental elevation of the whole surrounding community.

But let us look into the report. To show the energy of those interested in this Dispensary, and the nucleus of future good which it will accomplish, we may call attention to the following letter, inserted as a fly-leaf in the report:

HOMŒOPATHIC FREE DISPENSARY,
LEAVENWORTH, KS., Jan. 26th, 1867.

DEAR SIR:—As it is very desirable that the Dispensary should possess a Library of standard medical works for reference, especially of our own school, we appeal to our authors, publishers and friends generally, to send us such of their works, publications and periodicals as they may wish to donate. All such publications sent to the address of the undersigned per Merchants' Union Express, or by Mail, will be gratefully received and due credit given in our next report. MARTIN MAYER.

This little note speaks for itself, and needs no further mention at our hands, excepting to urge upon all our professional brethren to peruse the same and to respond to the call as liberally as they are able.

right spirit, the motive, the animus, of the Society, and proves their interestedness in the labors they had to perform—that unless there was law and order exercised, the mutual benefit meant to be derived from the free interchange of ideas and open discussions would not be obtained, nor a proper understanding of the thousand and one perplexing questions to a medical student, be arrived at. A minute-book was kept, where the more important points of each meeting were separately recorded, and an initiation and monthly fees were paid for the purpose of procuring a Record Book, diplomas with seal, and the surplus funds were given to the founding of a library for the benefit of those who follow in their course. Quite a large number of volumes have already been purchased and donated, and found their places in the College Museum, with the insignia of "Students' Hom. Med. Ins." indelibly fixed upon them, as a lasting monument to the zeal and industry of its founders. In the new College building which is about to be erected, these pages of medical lore will have a conspicuous place, to which each new year will add new volumes, and the stranger, upon inquiry, may learn that much may arise from a little.

On the evening preceding the Commencement exercises of the College, this miniature College held its Commencement in the presence of a large number of ladies and gentlemen—in fact, the large lecture-room was crowded to overflowing, where the usual routine of hearing an address by the President, setting forth the origin, object and progress of the Society, granting of diplomas to such students as expect to graduate at the College, and the delivery of a valedictory address by H. B. Shirley, of Jacksonville, Ills. The addresses were able and to the point, not only in a medical sense, but showing considerable literary and scientific attainments upon other subjects; they were well recited, well received, and frequently applauded. The diplomas were of sheepskin, with the rights and honors inscribed in Latin, and kindly presented to the Society by Prof. Helmuth.

The object aimed at by this Association has been fully reached—honor and renown have fallen upon its organizers—the Profession has been exalted, and their Alma Mater received a new impetus in the onward march toward the goal of its glory and usefulness. We are proud of our offspring, though yet so young in existence, but the precocity already exhibited, by care and cautiousness, will germinate anew each year, from which will radiate an influence cheering and grateful to every honest Homœopathic physician throughout our land, and we trust will stimulate to similar organizations in our sister Colleges. Their example is worthy of imitation in other things than the mere forming of the Institution, which of itself is highly creditable, but the desire to be fully prepared for the prosecution of their duties toward the Association and their brother members, and the strictness with which they acted up to their code of laws. With hearty good will, we wish them God speed in the new work, and abundant success when engaged in the duties of professional life.

S. B. P.

QUERY—What part of the nervous system is seen first in the human fœtus?

THE WESTERN HOMŒOPATHIC OBSERVER.

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H. C. G. LUYTIES, Proprietor and Publisher.

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All communications, whether of a business or literary character, must be sent to the Proprietor and Publisher of this paper, No. 306 North Fifth street, between Olive and Locust streets.

On the Means of Promoting the Interests of Homœopathy.

BY CHARLES CROPPER, M.D., CINCINNATI.

Although the progress of Homœopathy in the United States has been, and still is, unparalleled in the history of Medicine, yet it cannot be denied that its march might be greatly accelerated by vigor of effort and concert of action on the part of its professed adherents and advocates. Let us briefly consider a few of the necessities in the advancement of the good cause. First and foremost then, not indeed intrinsically, but in the eye of the outside world, it is essential that the character and attainments of its professors should be of a high order. Truth, indeed, ever attracts to its support, by the divinity which glows within it, the purest, the wisest, the noblest of our race; but there is also another class always ready to range themselves on its side, not indeed for *its* support, but that they themselves may be sustained by its inherent power. Not from the love of truth are they led to sacrifice self, but rather from love of self are they prompted to sacrifice the truth. Now while it does not at all argue against Homœopathy that it may have

in its army, time-servers, timid professors and free and easy mongrels who are all things to all men, if by any means they may get a patient; yet it is exceedingly desirable to relieve it from the responsibility of embracing such and filling the ranks with earnest, able, laborious, true men—men of *principle*, and not devotees of *policy*—men like the illustrious founder of our grand system, who preferred to endure proscription and banishment rather than compromise a single iota of the truth which God had permitted him to discover. Without this spirit, Homœopathy would never have been established, and without this spirit its existence cannot be maintained. That this may be accomplished, young men of talent, education and character, should be induced to enter our offices for the purpose of preparatory study, attend our colleges, graduate with honor and engage in the practice with the determination of devoting themselves entirely to the cause of Homœopathy, and thus to the interests of humanity. An effort in this direction is really necessary. The present demand for homœopathic physicians is far in excess of the supply, and this demand is constantly increasing. Many excellent locations are now and have been for years calling for physicians of our school, who would receive a generous support from the start; but none are found to occupy them. Let us see to it that all these places are not only filled, but filled with men who will prove an ornament to the profession and a blessing to the community in which they may locate. The practitioners of our art could do much in the way of advancing its interests by systematically recording their daily experience, from which, from time to time, interesting cases could be reported for publication in the periodicals of the day, the *whole* of which, in tabular form, would be of incalculable aid to the statistician. Take, for instance, the recent visitation of Cholera. Had regular and complete record been kept by every physician of our school in this city, we might now be able to answer satisfactorily questions which never will be thus answered, and to demonstrate, as has so triumph-

antly been done elsewhere and heretofore, the great practical superiority of our mode of treatment. *We* know indeed that the usual success has attended the purely homœopathic practice in the recent epidemic, but we have no statistics to which we can point in confirmation of a statement to that effect. We cannot *prove*, although we, and all who have witnessed the results of the new system, know that it has been as successful in the recent as in all preceding visitations of the terrible scourge. May the tim soon come when physicians, who have *hours* to spend unprofitably, will not plead want of time as an excuse for not doing that which will require but a few *minutes*. Let no *young* physician, especially, neglect to form the habit of committing to writing, every night, the observations and experiences of the day. Even as a means of self-improvement alone, in no other way can the time be as profitably employed.

While it might possibly be the case that too many periodicals should be *started*, it cannot be cause of fear that too many should be *sustained*. I am of the opinion that tho interests of our cause demand a Jonrnal in each of the large cities of our country. The utility of such publication will be greatly increased if it is used by the profession, in the section in which it is issued, as the medium through which to give their experience in the treatment of the diseases peculiar to that section, with all the permanently existing or transient modifications resulting from climate, habits of life, quality of food, topographical situations, etc., etc.

Popular periodicals, also, should be sustained. In proportion as the people are enlightened in regard to the truths of medical and hygienic science, will the Homœopathic system find patrons and adherents. Therefore, *circulate* good periodicals, if you do not *read* them. Support them; others may be benefited by their perusal; the cause will thus be strengthened, and your own interests thereby be promoted. One of the most important, and yet one of the most neglected means for promoting the interests of our

cause, is the organization of Societies in cities and counties, so that the strength which lies in unity, and the success which attends upon combined effort, may be secured. And in all places where the population and interest will at all admit, Dispensaries and Hospitals should be instituted and generously sustained. At no distant period, I am firmly persuaded, we shall be recognized by the powers that be, and our claims to a position in the Public Institutions of Towns, Cities and States, as well as in the Army and Navy of the nation, will be admitted. But we must first *recognize ourselves*, assume a prominent position, demonstrate the practical superiority of our system of practice, and thus our claims will *force* a recognition. Even were there no higher motive, that of self-interest, properly understood, would induce the practitioners of our art, in all our cities, to institute and support Free Dispensaries and Hospitals, in which the results of the beneficent system might be made apparent, and thus, by the exhibition of its advantages, the field of operations of each practitioner would be enlarged. "*There is that scattereth, and yet increaseth; and there is that withholdeth more than is meet, but it tendeth to poverty.*"

Homœopathy has most to fear from the apathy, the sel[illegible] and the indolence of its professed supporters. Its [illegible] has been due, not so much to the efforts of its [illegible], as it has to the fact that it is a GREAT TRUTH, and therefore possesses within itself an all-prevailing power. [illegible] us resolve that hereafter our exertions shall bear some [illegible] proportion to the greatness of the cause and the [illegible] of its aims. A few thoughts upon some of the [illegible] to be employed for the purpose of securing [illegible] of perfection in our science, and of more [illegible] efficiency in its practical applications, [illegible] another paper.

[illegible] Dr. E. POTTER, of Springfield, Ills., [illegible] appear next month.

AMERICAN INSTITUTE OF HOMŒOPATHY,
Bureau of Organization and Statistics, 105 Fourth Av.,
NEW YORK, March 15, 1867.

EDITOR OF THE OBSERVER:

Dear Sir:—Will you please inform the readers of the *Western Homœopathic Observer* that the Bureau of Organization, Registration and Statistics, of the American Institute of Homœopathy, consisting of Drs. Henry M. Smith, New York; Horace M. Paine, Albany, N. Y.; Bushrod W. James, Philadelphia; Edwin A. Lodge, Detroit; Thos. G. Comstock, St. Louis, is engaged in preparing a Register of all the Homœopathic Physicians in the United States; a list of all the organizations, such as Societies, Dispensaries, Infirmaries, Hospitals, Colleges, etc.; list of all books published on Homœopathy, including pamphlets, etc., and a collection of interesting historical facts relating to the introduction or present status of our system of medicine.

The Bureau will be greatly obliged for any assistance the members of the profession can render in furnishing information regarding:

1st—Names (in full) and address of physicians, when and where graduated or licensed, and their previous address (that lists may be more readily corrected).

2nd—Lists of all organizations, as Societies, Dispensaries, Colleges, etc., with the date of formation, list of officers from beginning, number of members, names of deceased members, time and place of meeting, and, if possible, copy of printed transactions, reports, or announcements.

3rd—List of books, pamphlets, etc., and articles contributed to journals, of which the physician is author, with reference to the periodical in which articles were published, and a copy of pamphlet.

Prepared under the auspices of the American Institute of Homœopathy, this is a work in which all are interested, and one more likely to succeed than an individual enterprise.

Yours truly, HENRY M. SMITH, *Chairman.*

NEW YORK HOMŒOPATHIC DISPENSARY, 109 West Thirty-fourth street—J. S. Linsley, M.D., house physician; L. Lilienthal, M.D., surgeon. From the annual report of this Institution (the first free Homœopathic Dispensary established in America), we learn that during the past year the number of patients treated was 10,218, and of prescriptions made, 19,177.

Classification of a Few of the "New Remedies," according to the Parts of the Body Acted Upon.

(*After the Plan of Bonninghausen.*)

BY TEMPLE S. HOYNE, M. D., CHICAGO.

REMEDIES.	ABBREVIATION.
Æsculus glabra—buckeye,	Æs.-glab.
Æsculus hippocastanum—horse-chesnut,	Æs.-hip.
Aletris farinosa—Unicorn root,	Alet.-far.
Aloes,	Aloes.
Apocynum androsemifolium—dog-bane,	Apoc.-andr.
Apocynum cannabinum—Indian hemp,	Apoc.-can.
Arum triphyllum—Indian turnip,	Arum.-trip.
Asclepias syriaca—silk-weed,	Asc.-sy.
Asclepias tuberosa—pleurisy-root,	Asc.-tub.
Baptisia tinctoria—wild indigo,	Bapt. tinct.
Cactus grandiflorus—night-blooming cereus,	Cact. grand.
Caulophyllum thalictroides—blue cohosh,	Caul.
Chimaphila umbellata—pipsissiwa,	Chim.
Cimicifuga racemosa—black snake root,	Cimicif.
Cistus canadensis—rock rose,	Cist. can.
Collinsonia canadensis—stone root,	Collin. can.
Cornus circinata—green osier,	Corn. cir.
Dioscorea villosa—colic root,	Dios. vil.
Erigeron canadensis—flea-bane,	Erig. can.
Eupatorium perfoliatum—boneset,	Eup.-perf.
Euphorbia corollata—milkweed,	Euphorb.
Gelseminum semper virens—yellow jessamine,	Gelsm.
Gossipium—cotton-root,	Goss.
Hamamelis virginica—witch-hazel,	Ham.
Helonias Dioica—false unicorn root,	Hel.
Hydrastis canadensis—golden seal,	Hyd.
Iris versicolor—blue flag,	Iris.
Lachnanthes tinctoria—spirit-weed,	Lach. tincto.
Leptandria virginica—black-root,	Lept.
Lithium carbonicum—carbonate of lead	Lith.-carb.

REMEDIES.	ABBREVIATION.
Murex purpurea—mollusk—perpurifera,	Murex pur.
Nuphar lutea—small flowered yellow pond-lily,	Nupr.
Phytolacca decandra—poke,	Phytol.
Podophyllum peltatum—mandrake,	Pod. pel.
Rumex crispus—yellow dock,	Rumex.
Sanguinaria canadensis—blood-root,	Sang. can.
Senecio gracilis—life root,	Senec. gracil.
Sticta pulmonaria—lung-wort,	Stict. pul.
Tellurium,	Tell.
Trillium pendulum—birth root,	Trill. pen.
Veratrum viride—American hellebore,	Verat.-vir.
Xanthoxylum fraxineum—prickly ash,	Xan.

SECTION I.

HEAD.

Remedies acting upon—Æs.-g., æs.-hip., aloes, apoc.-andr., apoc.-can., asc.-sy., asc.-tub., bapt.-tinct., cact., caul., chim., cimicif., cist., collin., corn.-cir., dios.-vil., eup.-perf., euphorb., gelsm., ham., hel., hyd., iris, lach., lept., lith.-carb., murex, nupr., phytol., pod.-pel., rumex, sang.-can., stict.-pul., tell., verat.-vir., xan.

Forehead—Æs.-hip., aloes, asc.-tub., caul., cact.-grand., cimicif., cist., collin., corn.-cir., dios.-vil., eup.-perf., gelsm., ham., hel., hyd., iris, lach.-tincto., lept., lith.-carb., nupr., phytol., pod.-pel., rumex, sang.-can., stict.-pul., tell., verat.-vir.

Occiput—Æs.-hip., aloes, apoc.-andr., asc.-tub., bapt.-tinct., cact.-grand., cimicif., corn.-cir., eup.-perf., gelsm., hel., hyd., iris, lach.-tincto., lith.-carb., murex, nupr., rumex, tell.

Vertex—Aloes, cact.-grand., cimicif., corn.-cir., dios.-vil., eup.-perf., gelsm., ham., hel., hyd., lach.-tincto., lith.-carb., nupr, pod.-pel., rumex, stict.-pul., tell.

Temples—Æs.-hip., aloes, asc'-tub., bapt.-tinct., cact.-grand., caul., cimicif., collin., corn.-cir., dios., eup.-perf., gel.,

ham., hel., hyd., iris, lach.-tincto., lept., lith.-carb., murex, nupr., phytol., pod.-pel., rumex, sang.-can., stict.-pul., verat.-vir.

Right side—Æs.-hip-, aloes, bapt.-tinct., cact.-grand., cist., gelsm., iris, lach.-tincto., lith.-carb., nupr., phytol., rumex, sang.-can., tell.

Left side—Æs.-hip., aloes, apoc.-andr., asc.-tub., bapt.-tinct., cimicif., gelsm., lith.-carb., nupr., phytol., pod.-pel., rumex, sang.-can., tell.

Right temple—Æs.-hip., aloes, bapt.-tinct., cact.-grand., collin., dios.-vil., hyd., iris, lach.-tincto., lept., lith.-carb., murex, nupr., phytol., rumex, sang.-can., tell., verat.-vir.

Left temple—Æs.-hip., aloes, bapt.-tinct., cimicif., eup.-perf., hyd., lach.-tincto., lith.-carb., murex, nupr., phytol., rumex, sang.-can., tell.

Scalp—Æs.-hip., aloes, asc.-tub., corn.-cir., eup.-perf., iris, lach.-tincto., sang.-can., tell.

Vertigo—Æs.-glab., æs.-hip., alet., asc.-sy., asc.-tub., bapt.-tinct., cact.-grand., caul., corn.-cir., cimicif., dios.-vil., eup.-perf., euphorb., gelsm., hel., lach-tincto., lept., phytol., pod.-pel., tell., verat.-vir., xan.

Fullness of head—Æs.-glab., æs.-hip., aloes, apoc.-andr., bapt.-tinct., caul., cimicif., collin., corn.-cir., gelsm., ham., hel., hyd., iris, lith.-carb., phytol., pod.-pel., rumex, sang.-can., xan.

Heaviness of head—Aes.-glab., æs.-hip., apoc.-andr., bapt.-tinct., caul., cimicif., corn.-cir., gelsm., hyd., iris lith.-carb., murex, nupr., phytol., sang.-can., tell., verat.-vir., xan.

Acute pain—Aes.-hip., aloes, asc.-sy., bapt.-tinct., cact.-grand., caul., collin., dios.-vil., eup.-perf., gelsm., ham., hyd., iris, lach.-tincto., lept., murex, nupr., phytol., pod.-pel., rumex, sang.-can., stict.-pul., tell., verat.-vir.

Aching pain—Cimicif., corn.-cir., eup.-perf., gelsm., lept., phytol., rumex.

Boring pain—Aloes, iris, nupr., rumex, sang.-can.

Beating pain (pulsating)—Aes.-hip., aloes, apoc.-andr.,

cact.-grand., cimicif., collin., corn.-cir., eup.-perf., gelsm., hel., hyd., sang.-can., tell.

Bruised pain—Aes.-hip., bapt.-tinct., gelsm., lach.-tincto., nupr., phytol., rumex.

Constant pain—Aes.-hip., gelsm., hyd., lept., phytol., verat.-vir.

Constrictive pain—Asc.-sy., cimicif., iris, murex, phytol., verat.-vir.

Crushing pain—Caul., cimicif.

Drawing pain (tearing)—Aloes, cact.-grand., corn.-cir., gelsm., lith.-carb., lach.-tincto., phytol., rumex, verat.-vir.

Darting pain (shooting)—Aloes, corn.-cir., eup.-perf., gelsm., hyd., iris, phytol., rumex, sang.-can., stict.-pul.

Dull pain—Aes.-hip., aloes, apoc.-andr., asc.-sy., bapt.-tinct., cimicif., collin., corn.-cir., dios.-vil., eup.-perf., gelsm., hyd., iris, lach.-tincto., lept., lith.-carb., nupr., phytol., pod.-pel., rumex, sang.-can., stict.-pul., tell., verat.-vir. [Eruption on, see Skin.]

Flying pains—Aes.-hip., cimicif., sang.-can., tell.

Heat of head—Aes.-hip., aloes, apoc.-andr., bapt.-tinct., cact.-grand., cimicif., corn.-cir., eup.-perf., lach.-tincto., lith.-carb., phytol., pod.-pel., tell.

Itching of head—Aes.-hip., eup.-perf., hyd., tell.

Numb feeling—Aloes, bapt.-tinct., ham., tell.

Pressing pain—Aes.-hip., aloes, bapt.-tinct., cact.-grand., caul., corn.-cir., gelsm., ham., hel., hyd., iris, lach.-tincto., lith.-carb., murex, nupr., phytol., pod.-pel., rumex, sang.-can., stict.-pul., tell.

Sore pain—Corn.-cir., eup.-perf., lach.-tincto., sang.-can.

Stitches—Aes.-hip., aloes, bapt.-tinct., iris, lach.-tincto., lith.-carb., sang.-can., tell.

Tenderness of scalp—Eup.-perf., lach.-tincto.

Transient pain—Cimicif., lith.-carb., nupr., phytol.

Tightness skin of forehead—Aes.-hip., bapt.-tinct., caul., lach.-tincto., verat.-vir.

Hair dry—Aloes.

Hair, falling out of the—Asc.-tub.

Head, desire to bend backward—Murex.

Head drawn to one side by swelling on the neck—Cist.

Forehead, coolness of—Cimicif., cist.

Sensation as if the hair was standing on end—Lach.-tincto.

Sensation as if the head was drawn forward—Sang.-can.

Sensation as if the head was widened—Aloes.

Sensation as if the head was moving in all directions—Eup.-perf.

Sensation as if the head was too large—Bapt.-tinct., lach.-tincto., lith.-carb.

Sensation as if the head was empty—Cact.-grand.

Sensation as if the hair was pulled—Lept.

Sensation as if the brain was too large—Cimicif.

Sensation of shaking in the brain at every step—Nupr.

Sensation across the forehead as if the brain were loose when moving the head—Rumex.

Sensation of soreness in the brain—Bapt.-tinct.

Sensation of numbness in the brain—Bapt.-tinct.

Sensation as if intoxicated — Aes.-hip., bapt.-tinct., gelsm.

Sensation as if he had been on a spree—Cimicif.

Sensation as if a weight were on the head—Aes.-hip., aloes, cact.-grand., lith.-carb.

Sensation as if the forehead would split—Sang.-can.

Sensation as if the skull would burst — Cact.-grand., sang.-can.

Sensation as if the top of the head would fly off—Cimicif.

Sensation as if the scalp was loose—Sang.-can.

Sensation as if the vertex was enlarged and driven upwards—Lach.-tincto.

Sensation as if a band was drawn across the forehead from temple to temple—Hel.

Sensation as if a bolt was passed through from temple to temple, and screwed tightly—Ham.

Sensation as if a sharp instrument was thrust through from one temple to the other—Asc.-sy.

Sensation of blood rushing across the head—Eup.-perf.

Sensation as if the skin of the forehead would be drawn to the back part of the head—Bapt.-tinct., cact.-grand.

Sensation as if falling to the left side—Eup.-perf.

Sensations which are felt only during fever—Bapt.-tinct.

EYES.

Eyes, remedies acting upon—Aes.-glab., æs.-hip., aloes, apoc.-can., asc.-tub., bapt.-tinct., cact.-grand., caul.,cimicif., cist., corn.-cir., eup.-perf., euphorb., gelsm., ham., hyd., iris, lept., lith.-carb., nupr., phytol., pod.-pel., rumex, sang.-can., tell., verat.-vir., xan.

Eye, right—Aloes, asc.-tub., cimicif., cist., gelsm., lach.-tincto., lith.-carb., phytol., sang.-can., tell., xan.

Eye, left—Aes.-hip., aloes, apoc.-can., asc.-tub., cimicif., cist., eup.-perf., gelsm., lach.-tincto., lith.-carb., phytol., sang.-can., tell., xan.

Eyelids—Aes.-hip., asc.-tub., cimicif., corn.-cir., eup.-perf., gelsm., hyd., lach.-tincto., lept., lith.-carb., phytol., sang.-can., stict.-pul., tell., xan.

Pain acute—Aes.-hip., bapt.-tinct., cimicif., cist., gelsm.

Pain dull—Bapt.-tinct., caul., cimicif., corn.-cir., lach.-tincto., lept., nupr., phytol., xan.

Pain constant—Cimicif., lept.

Pain constrictive—Corn.-cir., lept.

Pain aching—Cimcif., corn.-cir., lept., phytol.

Pain sore—Corn.-cir., eup.-perf., gelsm., ham., lach.-tincto., lith.-carb., phytol., rumex, stict.

Pain transitory—Asc.-tub., cimicif.

Pain smarting—Bapt.-tinct., cimicif., hyd., lept., phytol., pod.-pel.

Pain burning—Aes.-hip., aloes, bapt.-tinct., hyd., iris, lept., lith.-carb., phytol., pod.-pel., sang.-can., stict.-pul.

Pain drawing—Aes.-hip., aloes, lith.-carb., pod.-pel.

Pain throbbing—Lith.-carb.

Pain pressing—Aloes, bapt.-tinct., caul., lach.-tincto., phytol., sang.-can., tell.

Pain spasmodic—Cist.

Pain shooting—Gelsm.

Stitches—Cist, gelsm., lith.-carb., sang.-can.

Eyes sunken—Corn.-cir., iris, pod.-pel.

Eyes prominent—Aloes, lach.-tincto.

Eyes fixed—Aes.-glab., eup.-perf., lach.-tincto.

Eyes of a pinkish color—Aes.-hip.

Eyes glistening—Aloes, bapt.-tinct., lach.-tincto.

Eyes half closed—Bapt.-tinct.

Eyes dull and heavy—Asc.-tub., corn.-cir., gelsm., iris, phytol., pod.-pel., xan.

Eyes red—Aloes, apoc.-can., asc., tub., bapt.-tinct., cimicif., erig.-can., gelsm., ham., iris, phytol.

Eyes, heat in—Aes.-hip., apoc.-can., bapt.-tinct., cimicif., erig.-can., gelsm., ham., iris, lept., phytol.

Eyes, weight of—Aes.-hip., aloes, bapt.-tinct., corn.-cir., cimicif., gelsm., nupr., xan.

Eyes, cataract in—Tell.

Eyes, agglutination of—Hyd., lept., phytol.

Eyes, glutinous secretion from—Eup.-perf., lach.-tincto., lept., phytol.

Tears increased—Aes.-hip., aloes, bapt.-tinct., caul., cimicif., eup.-perf., gelsm., hyd., iris, lept., phytol., sang.-can., tell., verat.-vir., xan.

Tears diminished—Gelsm., lach.-tincto., lith.-carb.

Pupil dilated—Gelsm., lach.-tincto., sang.-can., verat.-vir.

Photophobia—Aes.-hip., eup.-perf., gelsm., lith.-carb., phytol.

Dark spots before the eyes—Asc.-tub., cimicif., lach.-tincto.

Grey spots before the eyes—Lach.-tincto.

Yellow spots before the eyes—Lach.-tincto.

Circles of red light before the eyes—Cact.-grand., verat.-vir.

Circles of a green color before the eyes—Verat.-vir.

Everything seems to be moving—Bapt.-tinct.

Objects appear as if clouded—Cact.-grand., gelsm.

Cannot see as far as usual—Cact.-grand., eup.-perf.

Loss of sight—Aes.-glab., cact.-grand., gelsm., verat.-vir.

Confusion of sight—Bapt.-tinct., gelsm.

Dimness of sight—Aes.-glab., aloes, cact.-grand., caul., euphorb., gelsm., hyd., lach.-tincto., phytol., sang.-can., verat.-vir.

Sight improved—Aes.-hip.

Diplopia—Gelsm., verat.-vir.

Eechymosis—Ham.

Internal canthus—Aes.-hip., iris, lach.-tincto., lith.-carb., phytol.

Dark circle under the eyes—Corn.-cir., iris.

Flickering before the eyes—Aes.-hip., aloes, hyd., sang.-can.

Twitching of the muscles under the eye—Aes.-hip., lach.-tincto.

Difficulty of keeping eyes open—Gelsm., lith. carb.

Pain on closing right lid—Cimicif.

Conjunctiva yellow—Corn. cir., gelsm.

Eruption—See Skin.

Itching of eyes—Asc. tub., lach. tincto., phytol., tell.

Sensation of sand in the eye—Asc. tub., apoc. can., lith.-carb., phytol.

Sensation of coldness in the eyes—Aes. hip.

Sensation of swelling in the eyes—Bapt. tinct., cimicif., gelsm.

Sensation of swelling in the lids—Cimicif., tell.

Sensation of hairs in the eyes—Sang. can., tell.

Sensation of dryness, although moist—Lith. carb.

Sensation of a feather before the sight—Phytol.

Sensation of a weight above the eyes—Cist.

Sensation as if something was passing around in the eyes—Cist.

Sensation as if the eyes would be pressed out—Caul.

Sensation as if the eyes would be pressed in the head—Bapt. tinct.

Sensation as if the eyelids were paralyzed—Bapt. tinct.

Sensation as if there was something under the lid—Caul., gelsm., phytol., sang. can.

(To be continued.)

VALEDICTORY ADDRESS

TO THE GRADUATES OF THE HOM. MEDICAL COLLEGE OF MO.

Delivered by the Dean of the Faculty, PROF. TEMPLE, *Feb.* 27, 1867.

(Concluded from page 65.)

The great Boerhave, an Allopath, has said "that medicines may preserve their virtue, although divided into such minute parts that the imagination can no longer follow them; that medicines may be so much attenuated, that they evade our search; but although these particles are no longer appreciable to our senses, they do not the less produce very marked effects on our organization." That the learned Rácamier, Professor in the School of Paris, has dared to avow that "It is to imponderable principles alone, that each medicine owes its manner of action, its power, its efficacy, each medicine being a special conductor of imponderable principles." "The time has gone by," said Mons. Jourdan, member of the Academy of Medicine in Paris, "when jokes about the infinitesimal doses seem to be good arguments against Homœopathy. Here are indisputable facts, which ought to impose silence on pure reasoning. *These minimum doses do act*, and even exercise a powerful and surprising influence; doubt is no longer admissible on this head."

Dr. Kopp, Chief Physician of the Prince of Hesse, after his experiments, declared—"Were I called upon to pronounce a judgment as a juror, my conscience would not permit me to express myself otherwise. Yes, *decillionth parts exhibit definite curative powers.*"

Let these few extracts suffice to demonstrate what you have been taught, that Allopathy is slowly, but surely, drifting into the harbor of Homœopathic Truth.

You have learned that all the medicines compose a great family, with whose members it is absolutely necessary you should become acquainted. When you have acquired a knowledge of the Materia Medica in its purity, the first difficulty

which will present itself to you will be the choice of *the medicine.* There is one simple but great truth, which you should remember, that "the malady and the remedy are synonymous terms," and that when you have learned to detect diseases with facility, to distinguish between them, to recognize in the very commencement their features and specific character, you should become equally familiar with the portraits of the medicines. That at the bed-side of your patient, you should free your mind of all preconceived opinions, of all the leading strings of classification, look at nothing but the condition of your patient, the disease to be treated, and when you have thoroughly recognized it, turn your attention to the gallery of symptoms, artificial pictures, and take that which most resembles the malady. That, as a *general rule*, the search for a medicine similar to the disease is the best guide to a choice—and as a *particular* rule, study the shades and principal features of the medicines. 'All men resemble each other, yet each has a *something* which prevents him from being taken for his neighbor, and enables a friend to detect him in a crowd. It is the same with medicines—each has its peculiarity; thus one acts principally on the brain, another on the stomach, some on the superior, others on the inferior members of the body, this on one side of the body, another on the opposite side; the effects of some will be aggravated by rest or movement, during the day or the night, &c. But above all, find out the cause of the malady. We mean the mediate and appreciable cause, as the *radical* one is unknown to us. That you should give your best attention to the cause of the disease, and in *acute cases* let the antecedents furnished by your patient, and those around him, serve as a torch to your diagnosis; and in *chronic* ones, always give the remedy you would have given if you had seen the case the day after the first manifestations of the disease. To illustrate: One day, a young child was brought to me who had been long blind. Several doctors had attended him; all treatment had been fruitless, and I confess I scarcely liked to undertake the case. But when the parents told me that they attributed the blindness of their child to a fall, I then readily consented to try what I could do. I gave him, morning and evening, a teaspoonful of a mixture of Arnica—and in eight days after, the child, to the great astonishment of several witnesses, ran between some chairs I had expressly placed in an

irregular manner in my study. You have learned that Arnica is the remedy for falls, blows, &c.

One more case: "I was called to see a person laboring under a chronic malady, and who had been given up by three doctors who met in consultation. It was a case of dropsy. This man, who was naturally thin, had become of an enormous size. I did not venture to hazard a treatment until by my investigations I found out he had had the itch before his illness. I then treated him for the itch, and succeeded so well that the patient, on the first day of his going out, went to pay the three doctors who had condemned him to death." Seek the cause of the disease, seek it everywhere, in the manners, the habits and propensities of the patient. Do not neglect climate, and all that refers to the various atmospheric changes; bear in mind the *genius* of the maladies then prevalent. But above all, in chronic complaints, subject the antecedents to the most scrupulous analysis, and carry your investigations to the very depths of hereditary affections. It is often in the folds of the past that you will surprise the sleeping secret of the present. Remember, Gentlemen, to treat the cause, and that in spite of all the pretensions of other symptoms to assert their right to the appropriate medicine. For example, a person complains of a violent pain in the right side of the face, which affects the eye, the ear and the teeth on that side; this suffering is felt principally in the evening, is aggravated by heat, and accompanied by an abundant flow of saliva. You would not hesitate to give Mer. solubilis. But if your patient should add that his neuralgia manifested itself after a violent fit of anger, you would give Chamomilla; if he stated that it occurred after getting wet, and slept on damp ground, you would give Dulcama; if, however, the examination of the antecedents showed that the neuralgia was owing to the abuse of mercury, Chamomilla, Coffee, etc., you will then give the antidote to the medicinal malady presented to you.

You have been taught the dogmatical unity of our doctrine, and here, in harmony with all these considerations, you see its *practical unity*. In fact, it is impossible that Homœopathic doctors should not have the same *opinions* and mode of *treatment*, in their consultations, as they see the same objects through the same medium. That neither the features of a medicine nor of a disease can change, and therefore

medical men, called to judge of the analogy of these two terms, must hold the same opinion. When you have chosen the proper remedy, always give it alone. A medicine is jealous of its individual liberty, and does not like to share its sphere of action with a neighbor. What it does, it likes to do alone, and it has its reasons for that, which you have learned, and moreover that this article of our Posology has been gradually received by our adversaries, who adopt it every day. Dr. Munaret says, "It is not a question of crying up officinal preparations, but of submitting their *specific nature* to study, and of the simplifications of our prescriptions, vainly insisted on by all good practitioners, from Hippocrates to the present day. *The mixture of medicines is the daughter of ignorance*, said the old philosopher. I add," says Munaret, "that polypharmacy is a very near relative to charlatanism." Dr. Munaret is Allopathic authority.

You have been taught that after choice of the medicine, the most important thing is the choice of the dilution, that while it is the most important, it is unfortunately the most difficult, and one of the most mysterious of the Hahnemanian code. This is the first phantom that rises to scare away practical research, the first thorn that wounds the foot of the neophyte in the path of medical experience." You have been taught that in the choice of your attenuation, you must be governed by the resemblance between the symptoms and the remedy, and where there is a perfect likeness, always select the highest. That the scale of doses begins with the mother tincture, and rises with every dilution to the highest mark, far beyond the reach of philosophy or arithmetic—as you have learned from clinical facts, that the scale of pathological manifestations is infinite, the scale of doses suitable to them should be infinite also. And remember, Gentlemen, that Homœopathy does not work miracles. It is neither foolish nor blind enough to raise its pretensions to the standard of the impossible, and should not bear the blame of the exaggerations of some of its followers, whose zeal sometimes amounts to rashness and fanaticism. When a patient has no longer any receptivity for medicines, all the efforts of science to save him become powerless. Though feeling capable, with your therapeutic lever, of moving the whole pathological world, you will like Archimedes, seek in vain for a fulcrum. You may strike,

but your blows will fall on a vacuum. You may give medicines, but they drop into the vessel of Danaïdes. You may touch all the keys of the finger-board, but all are broken and mute. Laudable pride would erase the word IMPOSSIBLE from medical dictionaries, but unhappily, from the darkness of impotency, it stands out in letters of fire.

Every physician who promises what is impossible, and amuses his patient by the mirage of a cure, which is always to be expected, but never appears, compromises his conscience and lowers the dignity of his calling.

Having given you a brief epitome of the truths taught in our course, as a memento of the past, and a guide to your professional toils and labors in behalf of suffering humanity in the future, let me, in the name of our Faculty, assure you of our earnest desire for a career to each one of you more prosperous and successful than your ardent imaginations have constructed. Remember, Gentlemen, that it is only by toil and labor that you can build a reputation which shall last longer than life, and transmit your names to posterity, hallowed by the associations of goodness, justice and humanity.

In behalf of our Faculty, we bid you God speed.

[From the Hahnemannian Monthly for March, 1867.]

Cubebs in Croup.

BY EMIL TIETZE, M.D.

"Hallo, what are you doing here, you little imps?" we asked one morning a little crowd of plump and hardy looking fellows, whom, on our entering the room, we found in congregation around a small box of Homœopathic medicines, lustily prescribing for themselves, apparently without the slightest necessity, and certainly without the guiding light of the simile, and in gross violation of the famous three principles.

"Why, play doctor; don't you see?" was the naïve reply.

"Mercy!" cried the mother, entering by another door, nearly at the same time we did, "what are you doing, children? How often have I told you not to touch this box?" "Oh, well," she added, a little calmer, "I think they have not yet done any harm," quickly picking up, as she said so, a few vials, the corks

of which were remarkably black from usage. They were labeled Hepar and Spongia, and told a story of their own, and we assure you, every word of it was true; so true, that whenever there was another new-comer in that family, we always fervently prayed that all the "sponge" he might require might answer in the "unroasted" state.

It is true, thousands of children, attacked with this fearful and treacherous disease, have been saved by our old, well known remedies. Thousands, we may also add, who, under old school treatment, most surely would have lost their lives. And yet, among all the numerous diseases of children, there is hardly one which we more dread to be called upon to treat, than this. During a practice of nearly fifteen years, we have had our share in the treatment of this affection; our share of painful, heart-rending sights, of sleepless nights and days, full of anxiety, suspense, fear, ominous forebodings and depression. Who asserts never to have lost a case of croup, has, in our opinion, never treated one. We have not lost many, yet wish they had been fewer. Who would not? Perhaps they will be more and more so in the future. Whether the reader can find such a hope in our narrative, he must decide for himself. Here it is.

January 15th, 1867, 10 A. M. We were requested to call at the house of Mr. E. L., in Green street, to see his youngest daughter L., a little girl about five years old, of lymphatic constitution, stout and tall for her age. She is of fair complexion, has flaxen hair, and bright blue eyes, and is very lively and spirited, when well. We might add, that she is slightly psoric, if we could be but sure that this would be taken *cum grano salis.* She has had several attacks of croup within our recollection, one of which was very severe, and from which she recovered under the use of Jodium and Kali bichrom. We now find her playing in the nursery, a little drooping and out of spirits. She is hoarse, and breaks at times into a short, rough and barking cough, which she seemingly tries to suppress, yet the larynx does not seem sore at pressure. Pulse a little irritated, now and then, with a slight flush on the face, and with sometimes increased warmth of the hands. Soft palate, fauces and tonsils, though not inflamed, have a somewhat puffy and spongy appearance. The tonsils are very much enlarged, especially the right one, and are covered with a fine and dense

net-work of highly congested vessels. The right tonsil protrudes considerably from its niche, completely filling out the right arcus glosso-palatinus, the uvula on this side resting on the tonsil. Thus the outlines of those different parts have almost disappeared, and become more visible only by deep inspiration. There is no exudate on either of these parts. She had been somewhat hoarse the day previous, yet had been allowed to be out doors for a little while. Her mother had given her Hepar and afterwards Jodium, which remedies she always keeps on hand. We advised to continue with Jodium 2 dec., ten drops in half a tumbler full of water, of which a teaspoonful was to be given every two hours, and requested the parents to send us word if she should be any worse towards afternoon or evening. The father of the child called at our office between 7 and 8 P. M., and reported that L. was by all appearances doing well; at any rate, not worse, and that he had left her sleeping. We gave him a powder of Kali bichrom. 2 dec., which was to be dissolved in half a tumbler of water, and given in place of the Jodium solution, if there should be any unfavorable change. At about 12 P. M., we were requested to come and see L., as she had grown much worse. Knowing both parents to be very collected and calm, even in trying situations, we felt very apprehensive of danger, and were only too sorry not to have been mistaken in our fear. For on entering the main hall we at once heard the dreadful, ominous sawing of the little heaving breast, which loudly and imploringly called for help from the sitting-room on the second floor. Patient, although her breathing had been more or less harsh, accelerated and oppressed, had nevertheless slept tolerably well until about 11 P. M., when she suddenly awoke with a paroxysm of coughing, which seemed almost to strangle her, and threw her in such agony that they thought her dying. She convulsively grasped her mother, who had taken her up, threw back her head, turned livid in the face, looked wild out of her eyes, struggling all this time for air, and attempting to cry, her breast moving up and down tumultuously. Finally, she had grown a little more quiet, and taken, in short intervals, two doses of Kali bichrom., which she had had some trouble to swallow, the act of swallowing having threatened to throw her into another attack of suffocation. We mentioned what sounds greeted us on entering the house. We found her

in her mother's arms, restless, nervous and in agony. Pulse from 98 to 105, not higher. We will not attempt to describe the case more minutely, since every physician knows the impossibility of doing so satisfactorily. Suffice it to say, that our heart began to fail us. Under the circumstances, we will not be censured for not having again examined the oral cavity, &c., as we were fully convinced, from the nature and severity of the symptoms, that membranous exudates had formed. The noises accompanying inspiration up to this time were alarming.

We at once gave the little sufferer five drops of Tincture Cubebarum, in about half a teaspoonful of water. She swallowed it tolerably well. The effect of this remedy was surprising, indeed, for in less than fifteen minutes the child became more quiet, the breathing less laborious, wheezing and sawing. She was now taken to bed, and soon fell into an apparently sound sleep, with the first faint indications of mucous rattling. Thus she slept for some time, and during the night received but another dose of the same remedy, consisting of a teaspoonful of a solution of ten drops of Tincture Cubebarum, to ten teaspoonfuls of water. We went home with a lighter heart, honoring and thanking those to whom honor and thanks were due.

We need scarcely add that we found our patient much better the next morning. An inspection of the fauces and tonsils showed these parts still puffy and congested, yet to a less degree. The latter, on their posterior-inferior surface, were covered with a thick, grayish-white exudate, which seemed to extend down into both pharynx and larynx. These elevated exudative spots were not marked off very sharply and distinctly against the congested mucous skin of the tonsils, but diffused and dissolved themselves, as it were, from their thick margin, out into an opaque-colored, very thin layer, which surrounded the former to the extent of a sixth of an inch or so, and resembled in its appearance very much the slight corroding marks from the application of a weak solution of nitrate of silver. The hoarseness, although less, had not yet disappeared entirely, cough less spasmodic and looser, breathing still somewhat harsh, but normal as regards frequency. We continued with the remedy, adding a small quantity of water to the remaining solution. On our evening visit we found patient soundly asleep, breathing softly and quietly, and quite lively the following morning.

We do not call this a model croup cure, if such there be any at all. The fact that Cubebs were given soon after Kali bich. may make it appear doubtful whether to the lastly given remedy alone belongs the praise. Yet a decided change was visible so suddenly after the first dose of Cubebs, changing, as it seemed, by magic, the whole alarming scene, that we incline strongly towards the belief that to the latter remedy belongs the credit of having effected this alteration. At any rate, we have never before witnessed, in a case of croup, so sudden and decided a change for the better, from any remedy we have ever given.

If any one should ask us the special symptoms upon which we based our remedial selections, we may safely refer him to Ss. 115, 118, 124, 126, 128, 129, 130, 152, 153 of the pathogenesis of Cubebs, as published in the Hahnemannian Monthly, although we must frankly confess, that at the time of selection, we had no other and asked for no stronger pillar than S. 124, which, undoubtedly, is the most important of them all.

Baehr in his Therapia, vol. ii., page 132, throws out a very practical hint, as regards the treatment of croup, in the following remarks: "Taking every thing in consideration, we must confess, that a treatment of croup, based solely on (subjective) symptoms, is not practicable, and that a frequent change of remedies, considered necessary in view of the change of symptoms, cannot have but fatal consequences. We know the effect of drugs to be applied, yet, which be the best, we best infer from practical experiments." Here no doubt, as on many other points, opinions will differ, yet we hope to be pardoned for confessing our adherence to that doctrine which at least must be acknowledged as coming from a reliable, experienced and eminent physician.

As regards the dose in which we gave the remedy, we have no apology to offer, even if some should deem us a "horrible sinner" on that account. Indeed, to tell the whole truth, we intend, whenever opportunity offers, to do precisely the same thing again, and shall do so mainly from the following reasons:

1. Dr. Trideau's cures were brought about by large doses. Those cures were effected "tuto, cito, et jucunde"—we, of course, except here the unpleasant effects of the Balsam Copavia. No cure can be thus (tuto cito et jucunde) effected without it is effected homœopathically. Homœopathic cures, when gained by doses too large, aggravate the disease. No such aggravation

having taken place in Trideaux's cases, after the use of the specific remedy, we infer that the doses he used were not absolutely too large. Here we beg also to remember the form in which the Cubebs were given.

2. Cubebs, like Balsam Copavia, having in a diluted form in our hands never shown any prompt action upon the mucous membrane of other organs, we deemed it prudent, under so trying circumstances, to give this remedy in large doses, as we desired the quickest and most prompt effect possible.

3. The doses we gave showed not the slightest aggravation of the disease, but cured "tuto cito et jucunde." No drug symptoms have been observed afterwards, although we were for days conscientiously on the lookout for them.

The Students' Homœopathic Institute of Missouri.

Address of the President, CHAS. W. CLARK, *delivered Feb.* 26, 1867.

Ladies and Gentlemen: Fellow Members of the Students' Homœopathic Institute of Missouri, and Friends:

This being the first annual Commencement of the Students' Homœopathic Institute, we necessarily have but a brief history to lay before you. This Society was inaugurated in the early part of the course of lectures now about closing, by and for the immediate benefit of the students of the Homœopathic Medical College of Missouri, of which this Institute is an auxiliary of no little importance. We will very briefly state a few of the causes that led to its inauguration, and some of the advantages that have been, and are to be, derived from it.

Under the present system of teaching in our medical colleges, where the subjects taught are presented in the form of lectures, the listener must possess an attentive ear and a retentive memory, in order to secure the amount of benefit that should be derived from them, but, in default of one or both of these, he has to refer to books to make up the deficiency. This would not be difficult were there were but few lectures per day, allowing sufficient time for study; but when the number is increased to from six to eight, as is the case in most of our Homœopathic colleges, at least in this, the greater amount of matter presented

upon subjects more varied, proportionately lessens the time for reflection and study; and consequently the student loses many of the valuable truths with which he should be acquainted. Not only does he lose many of the ideas entirely, but, from the number of subjects, and the frequent change from one to another, a misunderstanding or imperfect conception of many of the facts presented is very liable to take place; such imperfect knowledge being always detrimental to success.

The students, aware of the disadvantages under which they were laboring, appreciating the benefit to be derived from a frequent interchange of opinions, and fully alive to their own interests, in the early part of the present course of lectures drafted a Constitution and organized an Association, entitling it "The Students' Homœopathic Institute of Missouri," with its first, great and direct object, the mutual improvement of its members. This improvement is more or less accomplished by correcting the numerous erroneous ideas and impressions, so frequently made upon the minds of medical students by a misunderstanding of many of the multitude of truths so rapidly presented by the incumbents of the various chairs of the college, and by modifying and more firmly fixing in the mind the correct ideas received; thus assisting them in incorporating as their own, as many as possible of the principles and items imparted by their teachers, to be made use of and put to the test by them when they leave these halls of learning and take their place in the ranks of the profession, to support the only true system of medicine, and combat disease, humanity's fell scourge. To attain these objects, persons are elected monthly by the Institute, from its members, one for each of the chairs of the college, who pay especial attention to the subject of which they are chosen to take charge. They lose no opportunity of informing themselves on what has been lectured upon in their respective branches, and being thus fortified with the particulars of their subjects, they are prepared for duty. At the semi-weekly sessions of the Institute, each of these professors or sub-professors occupies ten minutes in rapidly and rigidly catechising the rest of the members; criticising the answers received, and explaining as far as possible anything that may have been misunderstood. At these meetings, relieved from the embarrassment sometimes felt in the presence of our superiors, where each one, true to a

student's nature, believes himself to know almost if not quite as much as any of his fellow students, questions are promptly asked, explanations freely given, ideas constantly interchanged, errors corrected, short, spirited discussions carried on, and true conclusions arrived at in a manner that so rivets them in the mind that they cannot easily be forgotten. Thus we store our minds with much valuable knowledge that would otherwise have been forgotten, and, in consequence, go out from these halls more intelligent, more capable of advancing the glorious cause of Homœopathy, better prepared to practice the true healing art to the relief of our suffering fellow beings, and therefore reflecting more credit on our Alma Mater than we otherwise would do. Thus it is evident that it is not we alone who will reap the benefits of this Society, for, while it assists us in laying a firmer foundation for our future progress and success, it also, by its influence, tends to build up the College with which it is connected, and, what is better still, its benign influence will be felt in the relief of the suffering and their restoration to health; all of which will redound to the advancement and glory of Homœopathy. It also begets in its members that spirit of inquiry and desire to excel, which are so necessary for the Homœopathic student; for without them he would be unable to keep pace with the rapidly advancing science of which he is a devotee; in fact, with but a few years of inactivity, he would literally become a medical fossil.

The Institute this winter has proved a perfect success. All of the students of the College have heartily coöperated in the work. Those who have been chosen to fill the office of Professors, have felt their responsibility, and have fulfilled their duty in a manner creditable to themselves and profitable to the Institute. In fact, everything in connection with the Society has passed off peaceably pleasantly and profitably, since its inauguration, and we hope, that as each autumn brings with it increased numbers of students to the halls of the Homœopathic Medical College of Missouri, it will also bring, as we are sure it will, a class that will appreciate the advantages to be derived from this Society, and entering it, will strive with heart and hand to improve themselves, advance the interests of this College and the cause of Homœopathy.

The Faculty of the College constitutes a Board of Censors, to

which all disputed questions are referred and finally settled. The Professors and several other prominent physicians have been made honorary members. We have also established a treasury, and purchased suitable books, in which the Constitution and proceedings of the Institute are recorded, and will be preserved for the use of succeeding Classes. The Institute grants diplomas to those who expect to graduate at the College; and in this connection we take great pleasure in acknowledging the receipt of the munificent gift, from Dr. Wm. Tod Helmuth, of an elegantly designed and beautifully engraved diploma plate, from which we have already had printed a sufficient number of diplomas for present use. All surplus moneys remaining in the treasury, at the end of each term, is to be expended in the purchase of a library, for the exclusive use of the Institute; and we hope the Trustees of the College will not forget us when they erect their new College edifice, but will prepare an ample library and reading-room, expressly for the use of the Institute, in which this rapidly accumulating library may be preserved; and this will but add another to the already great number of inducements held out for students to attend this Institution.

The Daily Press a Medium of Medical Knowledge.

The time was when medical men, for what reason we know not, regarded it beneath their dignity to write any thing on medical subjects for daily or weekly newspapers; and it was rare for editors of that branch of the press to meddle with medical matters: but a change is gradually taking place, and we should not be surprised that, if in a few years, some of our city papers will find it to their interest to have regular medical departments, and competent editors to supply them. Already scarcely a newspaper from our large cities and towns but what contains something on medicine. This is as it should be, for it shows that the people desire information on a subject in which they are deeply interested, and there is nothing unnatural in this. And, furthermore there is nothing so mysterious in medicine that a layman may not, with a little reading and reflection, learn enough to be able to know when he has a real physician. To know this, even, would be of vast importance to many who are now subject to imposition, not so much from the grossly ignorant pretender, as from the quack with a regular diploma which are so numerously procured for money, from certain doctor manufactories, with but little regard to the qualifications of the recipient.

The Homœopathic Medical College of Missouri.

THE PURCHASE OF A NEW BUILDING—ITS ARRANGEMENTS, &c.

In the last number of this journal attention was called to the Homœopathic Medical College of Missouri and its Commencement exercises. To-day we have to chronicle another step forward in the advancement of the Institution—viz., the purchase of a building, situate in one of the most respectable portions of the city, which will shortly be put under the necessary repairs to render it one of the most convenient Medical Colleges in the Union, and capable of accommodating between two and three hundred students.

Since the reörganization of the College, after the termination of the war, the affairs of the Institution have been regulated by two great and grand ideas—firstly, the purchase of a museum, and secondly, of obtaining a suitable and convenient college edifice. Every year additions have been made to the cabinet; wet and dry preparations have been purchased, and a handsome and extensive philosophical and chemical apparatus, at a large outlay, has been procured. So soon as this desideratum (without which satisfactory lectures on the various collateral branches of medical science are impossible) was obtained, the second step toward the ultimate success of the enterprise was inaugurated, viz., the purchase of a building. This also has been done, at a cost of nearly *thirty thousand dollars*, and will be ready to receive our students at the opening of the next session.

The arrangements are very complete. On the first floor are rooms for the dispensary, two Faculty rooms, the chemist's laboratory, and a large lecture-room capable of seating two hundred students. On the second floor is an amphitheatre, lighted from a dome from eighteen to twenty feet high; a museum, a private dissecting-room, and Faculty rooms, over which is a large, well ventilated and airy dissecting-room—lighted from above—and containing all the arrangements for facilitating dissection and the appropriate preparation of the cadaver therefor. It is so arranged that the students can enter the topmost floor of the amphitheatre from the general dissecting-

room, while the private dissecting-room opens on the platform of said amphitheatre, for the convenience of the lecturer.

The building occupies a lot forty feet front, by one hundred and nine feet in depth, has a private entrance for the Professors, and is situate in the very centre of St. Louis, making it eligible to all parts of the city.

The Hospital is also undergoing repairs, and there will be additional advantages offered at this Institution for the proper education of the students. During the past year, those attending the College have had opportunity of witnessing very many cases of syphilitic disease, both primary and secondary; several cases of burns and wounds; the extirpation of cancers; two operations for lithotomy; resection of the elbow; a rare operation for hydatids of the liver; extirpation of a part of the inferior maxillary bone; Baker Brown's famous operation of removal of the clitoris; the new operation of perinæl urethrotomy; several cases of varix; excision of the sternal end of the seventh rib; strabismus; staphyloraphy; several cases of fistula in ano; fractures of the lower extremity treated by Swinburne's method; together with all the minor performances, as opening of abscesses, passing the catheter, paracentises abdominis, whitlows, &c., making *in toto* a surgical clinic of great value.

The Dispensary is also to be reörganized, and will present facilities to students for attending cases, including obstetrical, as out-door patients, all of which will be fully announced in the forthcoming circular.

Throughout the past three years, the faculty have striven by rigid economy in the pecuniary concerns of the College, by a careful regulation of its outside affairs, by a study of those points which are most necessary to render the student qualified for the proper performance of his after-life duties, and above all, by establishing among themselves a harmony of action which sees only the good of Homœopathy and the welfare of the Institution, to the abnegation of self,—to place in Missouri a College of which our sister Institutions and every Homœopathic physician in the country will be proud, and to lay the foundation of a Medical University which, *in years to come*, may be a credit to all concerned.

HELMUTH.

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All communications, whether of a business or literary character, must be sent to the Proprietor and Publisher of this paper, No. 306 North Fifth street, between Olive and Locust streets.

WESTERN INSTITUTE OF HOMŒOPATHY.

We call attention to the meeting of this body, which takes place on Thursday, the 23d of May, at Indianapolis, Ind.

There is much work for the Homœopathic Physicians of the West to do, and we entreat all who are interested in the advancement of truth, and the amelioration of human suffering, to go up to the convocation prepared to work in good earnest and harmony—and in that event naught but good will result.

Surgical Clinic at the Good Samaritan Hospital.

LITHOTOMY.

BY WM. TOD HELMUTH, M. D.

GENTLEMEN: In the early part of May last a gentleman from Quincy, Ills., brought his son (a lad of about seven years of age) to my office, to ascertain if anything could be done for his relief. His symptoms were as follows: Frequent inclination to pass water, which was always worse at night or when lying down, attended with most excruciating pain, a few drops only being voided at once. The little fellow would lie on his stomach and cry aloud from the agony he experienced when micturating; there was some

enlargement of the penis, with considerable elongation of the præpuce, frequently recurring erections, and sometimes blood discharged with the renal secretion. Hearing this account, I decided that there must be a stone in the bladder, and questioned the father as to what had been done to relieve him. In reply, he stated that several physicians had attempted to find the stone, but none of them had been enabled to detect it, although on one occasion, one of the professional gentlemen thought he had discovered the offending material.

Let me, before we proceed further, say a word to you in reference to what is termed by surgeons, "*sounding.*" To be able to perform this portion of the operation, upon which *alone* the diagnosis of the case must be made out, you must possess a thorough knowledge of the anatomy of the urethra and the *curves* that it makes in different parts of the canal; otherwise not only will you subject the patient to much additional pain, but most dangerous results may follow the improper management of the instrument.

To sound a patient properly, the instrument must possess a very different shape than that of the common metallic catheter, the curve being the arc of a much smaller circle—such as I here present to you. It should be constructed of solid steel, be highly polished, with a broad, flat and rather thin handle, in order that any impression made at one extremity may be distinctly appreciated at the other; while that portion which enters the bladder should be of larger calibre than the shaft which remains in the urethra. Grasping then the penis in my left hand, and retracting the præpuce, I put the organ somewhat upon the stretch, and direct its extremity at about an angle of forty-five degrees from the body. Taking then the sound, well oiled, between the thumb and forefinger of my right hand, which I hold close so the body of the patient, I introduce its point into the meatus urinarius, and allow it to glide along the urethra until the curve reaches the perinæum; then holding the tound and penis in my left hand, I gradually depress them, or turn them towards the feet of the patient, whereby the

point of the instrument is raised, and then, with gentle pressure of the right hand, cause the curve to pass over the bulb of the urethra and into the bladder. This, gentlemen, understand me, is not "*sounding*," properly so called—it is merely the *introduction* of the sound; the more delicate portion of the proceeding remains to be accomplished. The sound must now be held lightly in the hand, and must be moved about in all portions of the bladder until the peculiar click is heard or felt.* So soon as the operator has satisfied himself that the steel instrument has touched the stone, he must hand it to others of his professional friends and allow them also to be fully certain that beyond a doubt the calculus is present. This rule should always be followed; nor should the operation be commenced until several other surgeons have detected the offending material. It will therefore be seen that sounding for stone is a most delicate and difficult procedure; and when men, who have devoted a large portion of their attention to the consideration of stone in the bladder, say of "*sounding*"—that "To perform it well requires great tact in the use of instruments, a perfect knowledge of the anatomy of the urinary apparatus, and a degree of experience which multiplied observation alone can supply," and that "The want of success in the operation is not confined exclusively to the young, the ignorant or the unskillful," but that "men of the most consummate dexterity having occasionally failed in detecting a stone, when stone really existed," the procedure must be looked upon as all-important in the operation which we are about to perform.

The next step to be considered is the preparation of the patient. Having had the bowels evacuated by a full dose of castor oil—which, by the way, serves the double purpose of relieving the bowels and inducing thereafter constipation,—

* Although Dr. Walker and myself had both several times ascertained the undoubted presence of the stone, yet it was some time before we detected it on this occasion, the stone having found its way to the *bas fond* of the bladder. However, after some manipulation, the sound struck the stone with noise sufficient to be heard by the class.

he must be brought to the edge of the bed, over which an oil-cloth or an india-rubber blanket has been laid, and the wrists and ankles of each side are to be firmly secured. An assistant must stand on either side, and with their hands upon the knees, must separate them as widely as possible. The chloroform may now be administered. An instrument resembling in shape a catheter, constructed of solid steel, with a groove a little to the left side, with a rounded extremity, and which is called a staff, must now be passed into the bladder, drawn up against the pubis, and given in the hand of a STEADY assistant. Gross says "a poor staff holder is a great curse;" and so he is, for a change in the direction of this instrument, its depression in a side-way position, may not only embarrass the operator, but may cause ultimately the death of the patient, by a division of wrong structures.

Having now all things prepared, the patient chloroformed and well secured, the staff holder steady and the staff in position; sponges, &c., at hand, the instruments beside him in a convenient position, and a good light falling upon the perinæum, which, if the patient be an adult, must be carefully shaved;—the surgeon seats himself in front of the patient, takes an ordinary scalpel in his right hand, and with the forefinger and thumb of his left, puts the skin upon the stretch, and enters the point of the knife on the *left* side of the perinæum, about an inch and a half above the margin of the anus, and carries it downwards and outwards to a little distance below the tuber ischii of the left side. Now in a child, as in the case of the patient, there is not much sub-cellular tissue, and therefore not a very deep incision is required; but in some instances, where the subject is fat, this cut must be fully an inch in depth. There is also one important point to be remembered in this part of the operation, viz.: the incision from the external surface of the perinæum to the point where the knife enters the groove in the staff, must be either conical or triangular in its shape, with the apex at the membranous portion of the urethra a little in front of the prostate gland; by bearing this in mind you

will perceive that the nearer you approach the staff, the less extended must be your incisions. Placing now my left index finger in the upper angle of the wound, the transverse muscles and triangular ligament are successively divided, until I feel the staff clearly within the canal at its membranous portion. I still keep my finger in the wound, and with my nail for a guide, introduce the point of the scalpel into the urethra, and then withdrawing it, take in my hand a knife such as I here show you. It has a long blade and a long handle, with but a short cutting edge and a button-like extremity which fits into the groove in the staff. At this stage of the operation it is well to pause for a moment and have the staff drawn up under the pubes, and ascertain if it is in proper position, and finding it in place, I push *forward* the knife, it readily enters the bladder, which you discover by the gush of urine which generally ensues. Let me caution you here also with reference to the *direction* in which the knife is pushed. It should be carried *straight along* into the bladder, keeping the probe point well in the groove. Be very careful not to elevate the hand or allow the blade of the knife to look downwards—if you do this, it will slip from the groove in the staff, and be plunged into the rectum, instead of the bladder, and the whole operation spoiled. There is another caution. Do not *cut* too much of the prostate; withdraw the knife so soon as there has been made an opening into the bladder, and take the forefinger of your right hand and *gradually* enlarge the opening. Very frequently (as is the case now) you can feel the stone at the neck of the bladder, and by introducing a pair of forceps with broad and serrated jaws, the stone is readily removed. If it be impossible, from the size of the offending mass, to accomplish its withdrawal, the wound must be carefully enlarged to its utmost extent, and if still the calculus is not able to be withdrawn, it must be broken in pieces with a crusher. I now wash out the bladder very thoroughly with tepid water, by means of a good sized syringe, and again introduce my finger to ascertain if other calculi are present.

There is none in this case, and therefore the patient is released from his bands, placed comfortably in bed on his left side, with an India-rubber cloth under the buttocks, to catch the urine which escapes, and the operation is completed. I employ neither compress, strap, bandage or catheter, and, as I trust, you will be able to observe a perfect and complete recovery will result.

The operation which you have just witnessed is that known as the lateral operation for stone, in contradistinction to others, which will be mentioned to you during the course of lectures.

I will occupy your time but a moment more by the examination of the calculus. It is evidently what is termed the *fusible* calculus, which is a combination of the phosphatic and the ammoniaco magnesian. It is extremely brittle, leaves a dust upon the fingers, and presents when broken a rugged and uneven surface. It resembles in appearance somewhat the oxalic calculus, which is termed by many "the mulberry," the chief component of which is the oxalate of lime. I show you here also several other varieties, which at some future time we may consider in detail.

NOTE.—The patient recovered without a single untoward symptom.

CASES FROM PRACTICE.

BY E. POTTER, M. D., OF SPRINGFIELD, ILLS.

I.—MONOMANIA. *Cured by Arsenicum and Cimicifuga Rac.*

June 20th, 1865, I was called to visit Mrs. C. W. G., who had been indisposed and under treatment five months. She is the mother of three children, aged eight, six and four years, respectively. The patient is thirty-one years old, dark complexion, bilious and nervous temperament. The symptoms indicated general exhaustion. The pulse was forty, and hardly perceptible; hands and feet cold as ice; appetite poor; sleep, about two hours in twenty-four, with constant moaning and starting of the limbs when falling

asleep. A peculiar, sad and melancholic expression, with frequent shedding of tears, and lamentations in regard to her "sinfulness." Face and eyes sunken. Lower maxilia trembles so that it is difficult to understand a word she says.

My first prescription was Ars. 3d and Cim. 2d, in solution, alternately, once in two hours. This, continued for two days, produced the most marked improvement, the sleep being increased to four or five hours the second night, and the trembling of the maxilia entirely disappeared.

June 23. Ars. 6th and Cim. 3d, alternated once in three hours.

June 27. Appetite good, sleep regular and quiet, pulse fifty-five and soft, extremities warm and natural, and the patient quite herself in all respects.

Let her do without medicine for ten days, and then pre-prescribed Ars. 6th once a day, and Cim. 3d once a day.

The patient rapidly gained her strength and the normal use of the mental faculties, and has remained in perfect health to the present time—February, 1867.

II.—MENORRHAGIA. *Cured by Gossippium.*

Mrs. B., aged forty-six years; supposed she had passed the climacteric. For two years there was no appearance of the menses; and then the flow returned, and continued a number of weeks quite severely, ceased for a few days, and returned violently. At this stage of the trouble I was called, and prescribed, in succession, Secale-c., Sabina and Ferrum, without any apparent effect. Four days had passed in the use of the above named remedies, and nothing gained. I resolved to try Goss. 2d.

"℞. Goss. 2d, gtl. xx.
Aqua Dist. ℥ ij. M.
2 teaspoonfuls once an hour until symptoms changed."

There was a marked change at the end of twelve hours; then continued the same remedy once in three hours for two days, when the flowing had entirely ceased, and the patient was much improved in the general health.

About ten days after this, there was a slight return of the flow. I directed Goss. 2d to be used three times a day for a month; since which (now ten months) there has been no return of the flow, and no medicine used. Churchill commends Cam. Ind., and I have never used it in this disease.

III.—RHEUMATISM. *Cured by Phytolac. Dec.*

H. P. contracted a gonorrhœa about the 20th Dec., 1866, which, with the use of Acon. and Cam. Sat. (no wash of any description was used), was soon controlled. But an undue exposure to the severe weather produced a most inveterate rheumatism of the left knee. I must not take up time in penning the particulars of the treatment that followed; only say that Rhus T., Sulph., Acon., Puls., Thuj., Oc., &c., &c., all failed; and as *something must* be done, the patient all this while (four weeks) suffering intensely, I resolved upon Phyto. Dec., in solution, once in two hours, and a warm poultice of corn meal and Phytolac. Decan. crudum applied to the affected part and changed twice a day (the poultice should be as moist as possible). The effect of this treatment was most satisfactory; giving thorough relief in a few hours, and a gradual improvement, until a full and perfect convalescence was established.

"The Dissector,"

An Allopathic Quarterly Journal, has the following notice of

"A NEW WORK ON THE SCIENCE AND ART OF SURGERY, BY E. C. FRANKLIN, M.D., ST. LOUIS, MO."

"We have carefully perused the first part of this work, which has just been issued.

"The work fully confirms us in the exalted opinion we already entertained of Dr. Franklin's abilities as a surgeon. The details are explicit and readily comprehensible by any reader of ordinary intelligence. The descriptions of bandages and other points of minor surgery are made more plain than we have ever before seen. Some of the plates

are entirely new, and some of the appliances are not found described in other works on surgery.

"The chapter on local anæsthesia is very interesting; and the illustrations of the inflammatory process are very apt.

"We cannot refrain from expressing both the disappointment and surprise we feel that a man possessing the acquirements of Dr. Franklin should adopt a theory so absurd and irrational as *we* believe that of homœopathy to be. That there must be an adequate cause for the production of an effect is so plain as to require no argument, and it does seem equally plain that the infinitesimal doses prescribed by homœopaths, if they are honest, are wholly inadequate to the production of the effects claimed for them.

"We are exceedingly sorry that a man capable of writing such a book as the one before us had not remained true to his first love.

"The work is to be issued in four parts of over four hundred pages each. Making a work of two Volumes of nearly nine hundred pages each. Price $12.00."

The Editor seems to be alike surprised and disappointed at Dr. Franklin's having forsaken his first love, and become an advocate of "a theory so absurd and irrational as *we* believe that of homœopathy to be." Now we can prescribe a very easy way by which the Editor can be relieved of all his mental difficulties on the subject. *First*, study the meaning of the words "*absurd*" and "*irrational*," and when the meaning is clearly fixed in his mind, then—*Secondly*, study the meaning of Homœopathy, and his disappointment and surprise will give place to emotions similar to the joyous feelings produced on the weary Pilgrim, who has been groping in darkness, when he sees the Eastern sky throwing its soft light over the rugged way, and making every step in his journey more easy, nay, even delightful! We are not surprised at the expressions of the Editor—they are the natural result of an entire ignorance of the subject, and much more consistent than those who profess to have an entire knowledge of Homœopathy, and yet pronounce it absurd and irrational.

Let us say one word more to the Editor of the *Dissector*.

That is: that if he will subject Homœopathy to the most rigid examination—analyze all its doctrines by experiment—test all of its principles by the rules of science, philosophy and fact,—we shall be greatly surprised and disappointed if he too does not leave his first love and become an ardent advocate of Homœopathy.—[Eds.

Marriage and Longevity.

"At the annual meeting of the American Statistical Association, held recently at Boston, a paper was read, prepared by Dr. James Stark, of Edinburgh, Corresponding Secretary and Principal Director of the General Register Office in Scotland. The subject of the paper was the influence of marriage upon longevity. The writer had made observations and comparisons of the number of living population of Scotland with the number of deaths during a period of nine years. Among one hundred thousand living persons, of both sexes, it was found that in each quinquennial period, 597 married, and 1,174 unmarried, died yearly between the ages of 20 and 25; between 30 and 35, 865 married died, and 1,396 unmarried. The difference against unmarried life continued diminishing with the advance of age, until between the ages of 75 and 80 the deaths averaged yearly 1,108 married to 1,454 unmarried. Among males older than 20 years, the average duration of life was 59.7 years for married, and 40 years for the single. Among those above 25 years old, the average was 60.2 years old for the married, and 47.7 for the single. Among females, the difference, between 15 and 30, and 40 and 45 years, slightly favored single life; from 45 to 95, it strongly favored marriage; and upon the whole time of life, marriage appeared to add to to the longevity of women.

"The explanation of the facts indicated in these statistics is simply, that the additional labor laid upon a man by the burden of a family, is more than balanced by the restraint marriage sets up against vicious indulgences, which are prejudicial to longevity."

The above very interesting statistics contain an important truth, or fact, which we commend to the serious consideration of every unmarried man.—[Ed.

CLASSIFICATION OF A FEW OF THE 'NEW REMEDIES,'

According to the Parts of the Body Acted Upon.

(After the Plan of Bonninghausen.)

BY TEMPLE S. HOYNE, M. D., CHICAGO.

(Continued from page 82.)

EARS.

Ears, remedies acting on—Æs. hip., aloes, bapt. tinct., cact. grand., cist. can., eup. perf., gelsm., hyd., iris, lach.-tincto., lith. carb., murex per.., phytol., rumex, sang. can., tell., verat. vir., xan.

Right ear—Aloes, gelsm., lach. tincto., lith. carb., phytol., sang. can., xan.

Left ear—Aloes, lach. tincto., lith. carb., phytol., rumex, sang. can., tell., xan.

Ears, burning in—Æs. hip., aloes, sang. can., tell.

Ears, buzzing in—Aloes, cact. grand., iris, murex per., sang. can.

Ears, crackling in—Eup. perf., lach. tincto., sang. can.

Ears, crawling in—Lach. tincto.

Ears, dull hearing—Bapt. tinct., cact. grand., lach. tincto., phytol., tell.

Ears, deafness—Aloes, bapt. tinct., gelsm., tell.

Ears, digging pain in—Gelsm.

Ears, discharge of water—Cist. can., tell.

Ears, discharge of pus—Cist. can.

Ears, discharge excoriating the skin—Tell.

Ears, drawing pain in—Aloes, lach. tincto., phytol.

Ears, ache—Aloes, lith. carb.

Ears, itching in—Lach. tincto., rumex, tell.

Ears, increased sense of hearing—Phytol.

Ears, noise in, like the running of a river—Cact. grand.

Ears, pressing pain—Tell.

Ears, pulsations in—Aloes, cact. grand., tell.

Ears, ringing in—Aloes, hyd., rumex, verat. vir., xan.

Ears, roaring in (rushing in)—Bapt. tinct., gelsm., hyd., phytol., rumex, tell., verat. vir.

Ears, singing in—Iris, lach. tincto., sang. can.

Ears, secretion of a thin wax—Tell.

Ears, sharp pain in—Tell.

Ears, stitches in—Aloes, gelsm., sang. can., phytol.

Ears, swelling in—Cist. can., tell.

Ears, sensitive to sudden sounds—Phytol., sang. can.

Ears, transient pain in—Aloes.

Parotid glands—Cist. can.

Sensation of cold in the ear—Lach. tincto., tell.

Sensation as if the ears were obstructed—Lach. tincto., phytol., rumex, tell.

Sensation as if a thread were tied tightly around the neck just below the ears—Rumex.

Crackling in right ear when he draws his fingers lightly over the right cheek, (not true of the left ear)—Sang. can.

Ears cold and pale—Verat. vir.

Ears bluish red—Tell.

NOSE.

Remedies acting on—Æs.hip., aloes, apoc.andr., asc.tub., bapt.tinct., cact.grand., caul., cimicif., cist., collin., corn.cir., crig.can., eup.perf., gelsm., ham., hyd., lach.tincto., lith.-carb., murex, phytol., rumex, sang.can., stict.pul., tell., trill., verat.vir., xan.

Right side and nostril—Æs. hip., aloes, hyd., lith.carb.., phytol., sang.can., tell., xan.

Left side and nostril—Cimcif., cist., hyd., lach.tincto., tell.

Nose, burning in—Æs.hip., cist., hyd., lach.tincto., sang.-can.

Nose, coldness in—Æs.hip., cist., murex.

Nose, cold—Aloes, verat.vir.

Nose, crawling in—Lach.tincto.

Nose, coryza fluent—Æs.hip., aloes, asc.tub., cact.grand., cimicif., corn.cir., eup.perf., gelsm., hyd.. lith.carb., rumex, sang.can., stict.pul., tell., xan.

Nose, coryza dry—Æs. hip., aloes, asc.tub., cact. grand., collin., hyd., lach.tincto., rumex, tell.

Nose, dry feeling in—Æs. hip., aloes, lith.carb.

Nose, discharge of bloody mucus—Cimicif., gelsm., hyd.,

Nose, discharge of greenish mucus—Cimicif.

Nose, discharge of thick mucus—Bapt.tinct., hyd., tell.

Nose, discharge of watery mucus—Æs.hip., cimicif., eup-perf., gelsm., hyd., sang.can.

Nose, discharge of whitish mucus—Cimicif.

Nose, discharge from one nostril at a time—Phytol.

Nose, discharge profuse—Æs.hip., cimicif., hyd., verat.vir.

Nose, dropping from—Lith.carb.

Nose, drawing pain in—Æs.hip., phytol.

Nose, epistoxis—Aloes, asc. tub., cact. grand., erig. can., ham., hyd., lach.tincto., rumex, trill.

Nose filled with thick yellow mucus—Apoc.can., tell.

Nose, fullness of—Hyd., stict.pul.

Nose, itching in—Æs.hip., apoc.andr., asc.tub., corn.cir., gelsm., hyd.

Nose looks pinched, blue and cold—Verat.vir.

Nose pale—Verat.vir.

Nose, pustules on—Asc.tub.

Nose, pricking bony part of—Corn.cir.

Nose, pressing pain in—Lach. tincto., stict. pul., xan.

Nose, raw feeling in—Æs. hip., asc. tub., cimicif., pod. pel.

Nose, red—Aloes.

Nose, sore—Aloes, cimicif., hyd., sang. can.

Nose, scurfy—Aloes.

Nose, smell of roasted onions—Sang. can.

Nose, smell of honey—Apoc. andr.

Nose, smell lost—Sang. can.

Nose, sneezing—Æs. hip., aloes, apoc. andr., asc.tub., cimicif., cist., eup. perf., gelsm., hyd., rumex, sang. can., tell.

Nose, obstruction of—Cimicif., hyd., lith.carb., phytol., rumex, sang. can., tell.

Forced to breathe through the mouth—Phytol., tell.

Fluent coryza, alternating with stoppage of—Sang. can.

Posterior nares—Æs. hip., hyd., rumex, tell.

Posterior nares, discharge from—Rumex, tell.

Posterior nares, dryness of—Rumex.

Sensation of swelling of nasal mucous membra

Sensation of tightness bridge of the nose—Ha

Sensation of a hair in the nose—Hyd.

Sensation as if a cold would come on—Phytol

FACE.

Remedies acting on—Æs. hip., aloes, apoc. andr., asc. tub., bapt. tinct., cact. grand., chim., cimicif., cist., corn. cir., eup.-perf., gelsm., iris, lach. tincto., lith. carb., murex, nupr., phytol., pod. pol., rumex, sang. can., stict. pul., tell., trill. pen., verat.-vir., xan.

Right side of—Gelsm., lith.-carb., murex, xan.

Left side of—Æs.-hip., lach.-tincto., murex, phytol., tell., xan.

Twitching of muscles of the face—Æs.-hip., apoc.-andr., sang.-can., trill.-pen., verat.-vir.

Face bloated—Apoc.-andr., cact.-grand., cist.

Face blue—Cact.-grand., verat.-vir.

Face cold—Gelsm., verat.-vir.

Face discolored—Cact.-grand.

Face full—Sang.-can.

Face hot—Æs.-hip., aloes, apoc.-andr., bapt.-tinct., cact.-grand., chim., cimicif., corn.-cir., eup.-perf., iris, murex, phytol., rumex, sang.-can., tell.

Face, itching of—Apoc.-andr., asc.-tub., gelsm.

Face, numb feeling—Gelsm.

Face, pale—Æs.-hip., aloes, asc.-tub., cact.-grand., eup.-perf., gelsm., nupr., phytol., pod.-pol., sang.-can., verat.-vir.

Face, perspiration of—Gelsm., verat.-vir.

Face, red—Aloes, cact.-grand., cimicif., eup.-perf., lach.-tincto., phytol., rumex, sang.-can., tell.

Face, shining—Eup.-perf.

Face, stiff—Sang.-can.

Face, stiffness muscles of the jaw—Gelsm., sang.-can.

Face, sallow—Asc.-tub., eup.-perf., gelsm., lach.-tincto., pod.

Face, swollen sensation—Apoc.-andr.

Face, vessels of, distended—Bapt.-tinct., sang.-can.

Articulation of jaw—Cimicif., sang.-can.

Upper jaw—Cimicif., cist., sang.-can., xan.

Lower jaw—Apoc.-andr., cimicif., cist., stict.-pul.

Right jaw—Cimicif., xan.

Left jaw—Cimicif., cist., xan.

Contraction of obicularis oris—Gelsm.

Sensation as though the facial muscles would be drawn to one side—Cist. [Eruption, see Skin.]

TEETH.

Remedies acting upon—Aloes, apoc.-andr., asc.-tub., bapt.-tinct, cimicif., cist., dios.-vil, gelsm., ham., hyd., iris, lach.-tincto., lith.-carb., phytol., pod.-pel., rumex, sang.-can., tell., trill.-pen.

Teeth of lower jaw—Asc.-tub., apoc.-andr., cimicif., iris, lach.-tincto., lith.-carb., phytol., rumex.

Teeth of upper jaw—Hyd., iris, lach.-tincto., phytol., rumex. sang.-can.

Teeth of right jaw—Aloes, asc.-tub., gelsm., lach.-tincto., lith.-carb., phytol., rumex, sang.-can.

Teeth of left jaw—Aloes, apoc.-andr., lach.-tincto., lith.-carb., tell.

Teeth front—Aloes, sang.-can.

Teeth hollow—Aloes, sang.-can.

Teeth filled with gold—Tell.

Teeth feel numb—Lith.-carb.

Teeth feel sore—Bapt.-tinct., iris, lach.-tincto., phytol.

Teeth feel elongated—Iris, lach.-tincto., phytol.

Teeth feel loose—Lach.-tincto., lith.-carb., sang.-can.

Teeth covered with thick mucus—Aloes, asc.-tub., cimicif., pod.-pel.

Toothache—Aloes, cist., hyd., iris, lach.-tincto., lith.-carb., phytol., rumex, sang.-can., tell.

Grinding of the teeth—Pod.-pel.

Shooting pains—Phytol., rumex.

Tearing pains—Lach.-tincto.

Suppuration from the teeth—Cist.

Hæmorrhage from the gums after extracting a tooth—Dios.-vil., ham., trill.-pen.

Inclination to bite the teeth together—Phytol.

Sensation as if he could take the teeth out—Sang.-can.

MOUTH.

Remedies acting upon—Æs.-hip., aloes, apoc.-andr., apoc.-can., arum, asc.-sy., asc.-tub., bapt.-tinct., cact.-grand., caul., cimicif., cist., collin., corn.-cir., dios.-vil., erig.-can., eup.-perf., euphorb., gelsm., ham., hel., hyd., iris, lach.-tincto., lept., lith.-carb., nupr., phytol., pod.-pel., rumex, sang.-can., tell., trill.-pen., Verat.-vir., xan.

Lips—Aloes, arum, asc.-tub., cimicif., euphorb., iris, phytol., tell.

Tongue—Æs.-hip., aloes, apoc.-can., arum, asc.-tub., asc.-sy., bapt.-tinct., cact.-grand., caul., cimicif., cist., collin., corn.-cir., dios.-vil., eup.-perf., euphorb., gelsm., ham., hel., hyd., iris, lach.-tincto., lept., nupr., phytol., pod.-pel., rumex, sang.-can., verat.-vir., xan.

Gums—Aloes, asc.-tub., bapt.-tinct., cist., erig.-can., eup.-perf., ham., iris, tell., trill.-pen.

Saliva increased—Æs. hip., aloes, arum, bapt. tinct., cist., eup. perf., hyd., iris, phytol., pod. pel., rumex, sang. can., tell., verat. vir., xan.

Saliva diminished—Æs. hip., aloes, apoc. can., caul., cimicif., cist., corn. cir., dios. vil., eup. perf, gelsm., ham., hel., hyd., iris, rumex.

Tongue, tip of—Æs. hip., eup. perf., phytol., sang. can.

Tongue, root of—Bapt. tinct., cimicif., lach. tincto, phytol.

Tongue, edges of—Aloes, bapt. tinct., lach. tincto., phytol., rumex, sang. can.

Tongue, centre of—Bapt. tinct., lept., verat. vir.

Gums swollen—Bapt. tinct., cist., iris.

Gums bleeding—Asc. tub., bapt. tinct., cist., erig. can., ham., tell., trill. pen.

Gums pale—Aloes, asc. tub., cist.

Mouth, burning in—Æs. hip., arum, asc. sy., caul, corn. cir., euphorb., hyd., iris, phytol., verat. vir., xan.

Mouth, corners of—Eup. perf.

Mouth, cool feeling in—Tell.

Mouth, clammy—Corn. cir., hyd.

Mouth, paleness of mucous membrane—Eup. perf.

Mouth, phlegra, thick yellow in—Æs. hip., hyd.

Mouth, roof of—Cist., hyd., phytol., sang. can.

Mouth, sore—Aloes, eup. perf., hyd., phytol., trill. pen.

Mouth, ulcers in—Bapt. tinct., cimicif., hyd., phytol.

Mouth, scalded feeling—Caul., iris, phytol.

Mouth, tickling—Asc. sy., hyd.

Mouth drawn down at one corner—Verat. vir.

Tongue coated yellow—Æs. hip., asc. tub., bapt. tinct., collin.-can., corn. cir., eup. perf., gelsm., hyd., lept., verat. vir., xan.

Tongue coated yellowish-brown—Bapt. tinct.

Tongue coated yellowish-white—Æs. hip., aloes, dios. vil., gelsm.

Tongue coated white—Asc. sy., bapt. tinct., caul., corn. cir., dios. vil., eup. perf., gelsm., hyd., iris, pod. pel., sang. can., tell.

Tongue, cold feeling in—Aloes, cist., phytol.

Tongue, crawling on—Sang. can.

Tongue, dry feeling in—Aloes, apoc. can., bapt. tinct., cist., hel., rumex, sang. can.

Tongue, hot feeling in—Xan.

Tongue feels as if scalded—Æs. hip., bapt. tinct., iris, rumex, verat. vir.

Tongue feels as if filled with needles—Arum.

Tongue feels as if burnt—Bapt. tinct., ham., rumex, sang. can.

Tongue feels numb—Bapt. tinct., gelsm.

Tongue feels thick—Bapt. tinct.

Tongue feels rough—Phytol.

Tongue, pains like a boil—Sang. can.

Tongue, red—Aloes, gelsm.

Tongue, raw—Aloes, cist, gelsm., iris, phytol., sang. can.

Tongue, swollen—Arum, bapt. tinct., cimicif., tell.

Tongue, stinging in—Æs. hip., bapt. tinct, rumex, sang. can.

Tongue, sensation as if paralyzed—Gelsm.

Tongue, ulcers on—Aloes.

Tongue, vesicles on—Euphorb., phytol.

Lips, cracked—Aloes, iris.

Lips, dry—Aloes, cimicif., iris.

Lips, inflamed—Aloes, arum, asc. tub., cimicif.

Lips, itching of—Asc. tub.

Lips, pale—Verat. vir.

Lips, pustules on—Aloes.

Lips, ulcers on—Cimicif.

Lips, vesicles on—Asc. tub., euphorb.

Breath offensive—Asc. tub., aloes, cact. grand., cimicif., cist., gelsm., pod. pel., tell.

APPETITE AND TASTE.

Appetite increased—Æs. hip., aloes, apoc. can., asc. sy., cact. grand., collin. can., gelsm., pod. pel., phytol., sang. can., trill. pen., tell.

Appetite diminished or lost—Aes. hip., aloes, asc. sy., asc.-tub., bapt. tinct., cact. grand., cimicif., corn. cir., eup. perf., gelsm., hel., iris, lith. carb., phytol., pod. pel., sang. can., tell.

Canine hunger—Aloes, asc. tub., caul., collin. can., eup.-perf., gelsm., phytol., pod. pel.

Alternate increase and loss of appetite—Gelsm.

Hungry soon after eating—Pod. pel.

Craving for particular things—See "Desire for and Aversion to."

Taste acid—Cact. grand., hyd.

Taste bad—Asc. tub., bapt. tinct., cimicif., corn. cir., gelsm., hel., hyd., pod. pel., sang. can., xan.

Taste of blood—Asc. tub.

Taste bitter—Aes. hip., aloes, bapt. tinct., collin. can., corn. cir., gelsm., hel., phytol., rumex, sang. can., verat.-vir.

Taste clayey—Aloes, tell.

Taste diminished—Iris.

Taste flat—Aes. hip., bapt. tinct., hyd., iris, lept., verat.-vir.

Taste fatty—Iris, sang. can.

Taste of fried liver—Pod. pel.

Taste lost—Corn. cir., dios. vil., eup. perf.

Taste like nuts—Phytol.

Taste metallic—Aes. hip., aloes, phytol., tell.

Taste pungent—Corn. cir., hyd.

Taste pappy—Aloes, lept.

Taste sweet—Aes. hip., apoc. can., nupr.

Taste slimy—Aes. hip., sang. can.

Taste sour—Aloes, pod. pel.

Taste unnatural—Bapt. tinct., cact. grand.

THROAT AND ŒSOPHAGUS.

Remedies acting upon the throat and œsophagus—Aes. glab., æs. hip., aloes, apoc. can., arum. trip., asc. tub., bapt. tinct., cact. grand., cimicif., cist. can., eup. perf., gelsm., ham., hel., hyd., iris, lach. tincto., lith. carb., phytol., pod. pel., rumex, sang. can., tell., verat. vir., xan.

Right side of—Phytol., pod. pel., sang. can., xan., tell.

Left side of—Cimicif., lach. tincto., phytol., pod. pel., tell:

Throat, aching pain in—Rumex.

Throat, burning in—Aes. hip., aloes, apoc. can., arum trip., bapt. tinct., cimicif., cist. can., eup. perf., gelsm., iris, phytol., sang. can., verat. vir.

Throat, biting (smarting) pain—Aes. hip., arum trip., asc.-tub., corn. cir., eup. perf., hyd.

Throat, contractive pain—Aes. hip., arum trip., asc. tub., bapt. tinct., cact. grand., gelsm., verat. vir.

Throat, cool feeling in—Cist. can., tell.

Throat, constant pain—Aes. hip.

Throat, choking sensation—Corn. cir., eup. perf., phytol., sang. can.

Throat, dull pain—Aes. hip.

Throat, dryness of—Aes. hip., aloes, apoc. can., cimicif., cist.-can., corn. cir., eup. perf., gelsm., ham., hel., iris, lach. tincto., phytol., pod. pel., sang. can., tell., verat. vir.

Throat, fullness of—Bapt. tinct., cimicif.

Throat, hawking—Aloes, æs. hip., cist. can., hyd., lith. carb., rumex. (See Larynx.)

Throat, itching in—Aes. hip., bapt. tinct., cist. can., lach.-tincto., tell.

Throat, stiffness of—Aes. hip.

Throat, scraping in—Aes. hip., aloes, bapt. tinct., cimicif., rumex, tell.

Throat, stitches in—Cist. can.

Throat, sharp pain in—Tell.

Throat, tearing pain—Cist. can.

Throat, transitory pain—Asc. tub., sang. can.

Throat, throbbing in—Xan.

Throat, pressing pain—Aes. hip., aloes, phytol., tell.

Throat, pricking in—Aes. hip., bapt. tinct., lach. tincto.

Throat, rawness of—Aes. hip., aloes, bapt. tinct, cimicif., cist. can., hyd., iris, lith. carb., phytol., rumex, xan.

Throat, roughness of—Cimicif., dios. vil., lach. tincto., phytol., tell.

HOMŒOPATHY AND PHYSIOLOGY.

BY JOHN HARTMANN, M. D.

Is a Diagnosis, based on Physiology, necessary for the selection of a remedy; or the knowledge of a group of symptoms, gained by provings of drugs, sufficient for making a correct prescription for similar symptoms of disease?

Every reflecting Homœopathic physician, I suppose, has often asked this question of himself; and to this very day the answer has been so varying, that for this reason the edifice of Homœopathy is based upon a shifting foundation, as it is when the question is asked, what is the *proper* quantity of medicine to be administered; and until in these respects a more permanent foundation has been established, Homœopathy will remain a structure with as little claim to permanence as that of Allopathy.

If we listen to but one side, the symptom-coverers, who call themselves the true and only real Homœopathists, when they give an opinion on the subject, we are taught to believe, that they have a right to condemn every one as a heretic, or a non-Homœopathist, who does not believe in their method of curing according to the symptom system, and call those who go still further, to bring Homœopathy to a system based upon Physiology, regular renegades.

In the present paper I shall endeavor to illustrate the scientific authorization of these different opinions, and the reader may then draw his conclusions where to separate truth from error.

Physiology, like many other sciences, is a speculative one; that is, its principles are not perfectly understood, or entirely settled, but admit of new conclusions, based upon truths elicited by speculation, the results of which are the establishment or foundation of rules or laws. In other words, Physiology endeavors to obtain positive knowledge of such phenomena in our organism which, without examination and study, would be regarded as miracles.

The adherents of physiological medicine therefore say, since we know the normal functions of our organism, in part positively, in part with great probability, we can only with proba-

bility discover the location of the disease; and this leads us to the observation of the symptoms; and also to the nature of the changes to which the diseased part of our organism, or of such part of it as has become abnormous in its functions, is subjected; and as similar symptoms often originate from very different causes, therefore we must, at the same time, direct our attention to the symptoms and the cause, to enable us to select our remedy. The Diagnosis accordingly is just as necessary to the selection of the remedy, as the remedy itself is necessary to the cure of the disease.

We select, for example, remedies for headache caused by congestion of blood, different from those suitable to rheumatic or nervous headache. In the same manner we act in case of diarrhœa caused by a cold, or caused by a disordered stomach; we notice the different variations of the activity of the bowels, the position of the pain, if there be pain, whether in the ilium, colon or rectum; in short, we diagnose the disease that we may be enabled to apply, with as much certainty as possible, that remedy which by similarity of symptoms, as well as by physiological qualities, recommends itself as the best.

But in order to do all this, we must not be satisfied with having deposited in our therapeutics a number of remedies collected a half a century since, well examined and systematically arranged; nor must we be contented with what experience has confirmed, that a proved drug used in case of a disease which shows similar symptoms to the drug in the healthy organism, is a *real* remedy; no, we must also know why it is such, and until we know that, our therapeutics cannot claim to be a science.

What have the adversaries of physiological medicine to oppose to this assertion? They bring forward facts collected at the sick-bed; they tell you that according to our principle of similarity, we selected this or that remedy without regard to its physiological effect, and it caused relief; for what do we want physiology? Proof of drugs and experience at the sick-bed are the *real* sources from which the true physician must draw; we do not require a diagnosis to cure the sick, and *curing* is finally the main endeavor of the physician.

To justify their assertions, they skillfully hunt up weak and imperfect points in the physiological medicine, taking care, however, not to touch what has been positively gained, doing so

either from malicious motives or ignorance. If such a realization of our medical treasure is sufficient, then we do not elevate ourselves above the level of those natural doctors, who also confine their medical wisdom to the knowledge drawn from experience, which teaches them that this or that remedy has been successfully applied in this or that disease, and for this reason it must be applied again in a similar case.

Neither the former nor the latter exert themselves to understand *why* this remedy has caused a cure, or *what* physiological powers have been operated upon. No, to them success is sufficient, and with it experience is the mother of wisdom exclusively. That science does not gain anything by such contentedness, that on the contrary we yield all our rights to consider ourselves equal in all respects to the Allopathic school, and justify its adherents to regard our actual attainments in science as superficial or "humbuggery." This, however, gives but little concern to the symptom-doctor; all he desires is success in effecting a cure, and thus satisfying his patients.

If scientific men had always been as contented as this class of Homœopathists, our attainments in Astronomy, Chemistry, Physiology and other branches of Natural Philosophy would be backward of where they now are a thousand years. The astronomers would have been satisfied to know that the sun shines in the day, and the moon at night; the chemist that fire burns, and that ice is a liquid congealed by cold, and that salt and sugar are soluble in water, and that wine, exposed to air, changes to vinegar; the physiologist, that we breathe by means of lungs, and that digestion is performed in the stomach. But since the thinking man, upon common and everyday occurrences looked with an observing eye, and searched for an explanation, natural laws were discovered, which solved most of the mysteries of nature in a natural way.

But as soon as the spirit of enquiry was excited and nourished by results gained, it was urged to still further investigation, until it arrived at explanations and information on subjects which, without such researches, would to this very day belong to the kingdom of wonders.

It is just the same with our medical science. More by accident than by study, Hahnemann discovered the rule or law,

"*Similia similibus curantur*" for the application of remedies. Based upon this discovery, he continued his investigations, and after he had ascertained that this law of similarity is the only proper one in all cases, then he submitted for examination to the medical world his system gained by accident and confirmed by experiment. Hahnemann further found that remedies applied according to the law of similarity, must be given only in very small doses, because instead of improvement, deterioration of the symptoms of disease followed. This fact also was found to be true, and Homœopathy in its present condition resulted therefrom.

We had now a system which, though discovered by accident, nevertheless invariably proved itself to be true; but this could not satisfy the philosopher and investigator; he wanted to know how to connect the principle of similarity with the rules of Physiology, and medicines attenuated beyond measurable imponderousness may, according to the laws of nature, still produce effect on our organism.

Those investigators who do not wish to oppose Homœopathic principle, but who want only to satisfy themselves about the "why and wherefore," are the adherents of physiological medicine; they are those who endeavor to trace back the reciprocal effect of remedies applied to an organism to the unchangeable laws of nature.

How far they succeeded I will attempt to show by a few examples. We know that diarrhœa originates from different causes, and that every different cause gives a different character. Diarrhœa caused by a cold, is watery, frequent, somewhat offensive as to smell, and often intermixed with bile. Diarrhœa caused by an overloaded stomach, is pulpy, fetid, accompanied with eructations and water-brash, sickness at the stomach, griping pains, and sometimes vomiting. Diarrhœa caused by the presence of too much acid in the stomach, as is often the case with children, is accompanied with colic and sour smelling discharges in quick succession. In one case we administer Dulcamara or Bryonia; in another Ipecacuanha, Pulsatilla, etc.; in the third Rheum or Magnesia—the latter especially as the principal remedy, most probably from its property of absorbing or neutralizing acids. In every one of these three cases, however, without reference to the cause, if convalescence does not

take place by the specific remedy, we would, and mostly with success, do use Sulphur; but not because we suppose a psora affliction, but because Sulphur is not only according to the laws of similia, but also to the physiological laws, one of the best remedies. Lasting diarrhœa relaxes the activity of the bowels; with the abatement of the peristaltic motion, the chilification, and from that the preparation of the blood becomes abnormal. Sulphur, however, is a remedy which quickly passes into the blood, and one which stimulates the vessels in the bowels, by which the peristaltic motion is accelerated and the secretion of the mucous membranes of the bowels is increased. Therefore it causes diarahœa, when administered in large doses and in a healthy condition, and according to the laws of similia we are justified in administering it as a remedy for diarrhœa; and also from its above mentioned physiological qualities will, even when administered in the smallest doses, operate favorably through the blood upon the diseased intestines, and, physiologically correct, cause a cure.

Arnica, according to Jute's Codex of Symptoms, *is said* to produce red, blue and yellow spots similar to suggilations. It is therefore applied in cases of bruises, when the blood extravasates and suggilations form. According to its physiological qualities in case of contusions, its use, however, is also correct; for the cause of the extravasations is injury to the capillaries, which either break or mechanically empty their blood into the cellular tissues, or become inactive or incapable of the transformation of the blood. Arnica now increases their activity without causing inflammation, and thus homœopathically and physiologically produces a cure.

Of *Nux Vomica* we know, that its principal effect, on account of the Strychnine it contains, is on the spinal system, and thence principally on the motoric muscles. The area of its usefulness is one of the largest, and if it would not carry us too far, I could demonstrate in the easiest manner that this remedy operates physiologically when applied homœopathically.

Homœopathy, then, is our guide, who shows us how to cure, and Physiology the teacher, who explains *why* Homœopathy leads us in the right direction, and *why we cure*. It furnishes light to the path left dark without it. We can *scientifically* answer any questions propounded by our adversaries, and the

better we know how to do it, the better can we convince and convert; and the time is not far off when Homœopathy will have entirely beaten off the field her older self-survived sister.

Physiology does not only give us explanations of the law of similia, but also of all other appearances which we have an opportunity of observing in the proving of drugs or in our practice. Thus it is, for instance, one of the principal arguments of our adversaries, that they can swallow a large quantity of greatly diluted medicaments without receiving any inconvenience whatever; and from this they draw the conclusion, that our small doses have no effect upon disease. To this Physiology replies, Very true, the greatly diluted remedy has no sickening effect upon the *healthy* organism, but in the *diseased* body the medical irritation is strong enough to introduce a change and to cause a cure; and we prove this by an instance that would have been disclosed to you long ago, if you had only observed every-day occurrences with less thoughtlessness. If, for example, the most diluted solution of Alum be applied to the smallest wound, a pain will be felt, that is, it will cause a medical effect; whilst a concentrated solution of Alum, externally applied to our body, is scarcely perceived. A wound, however, in the closer sense, is nothing else than a disease—that is, an interruption of the normal function of our organism; whereby the capillaries, being laid open by a separation of the surrounding skin, becomes, if not artificially closed by the access of oxygen, oxidized—that is, suppurated—and may by a combination of circumstances even end fatally. Another instance: with sound organs of respiration we can take a good deal of Natrum Muriaticum before we perceive an inclination to cough; and the Allopathic physician, Dr. Waldenburg, as he declares in his work on inhalation, applies with great success Natrum Muriaticum in truly Homœopathic doses, in cases of blenorrhœa pulmonum, a proof that a remedy which has even *in large doses only a slight effect* on the *healthy* mucous membrane of the lungs, operates *very salutary in its utmost dilutions.* By means of dilutions any remedy loses, in an equally progressive degree, more of its quantity than of its quality, as Professor Dr. Jolly has clearly demonstrated by his experiments with solutions of Nitre. He subjected a certain quantity of Nitre, dissolved in distilled water, to a pressure of several atmospheres, and since Nitre is

more compressible than water, he was enabled, according to calculation, to show that the pressure of one atmosphere reduces the volume of water 51–1,000,000; to detect how long the water contained Nitre, by continuing to make dilutions, and again subjecting them to the pressure of a number of atmospheres, he obtained the result, that in the last dilution, which was equal to the 30th potence (according to the decimal system), the existence of Nitre was proven beyond a doubt. From this it follows, that there exists even sufficient healing matter in the dilution of the so-called 30th potence to effect a cure. In the trituration of metals and minerals, under the microscope, medical particles can be proved to exist up to the 12th potence.

Why the effect of many remedies in the substance is different from dilutions, can also be explained, especially with those which are composed of alkaloids and extractive matter, as for instance Aconite, Nux Vomica, Ignatia, Strammonium, Belladonna, etc. Such remedies are materially different in themselves in progressing dilutions, because the alkaloid, being less soluble than the extractive matter, will remain latent longer than the latter, and therefore the effect of the extractive matter, which is manifested more in the blood system, is predominant in higher dilutions; while on the contrary, that of the alkaloids, which has more for its sphere of action on the mucous system, will be the less perceivable.

Posology is another bone of contention in Homœopathy. The followers of dynamism, as well as those of materialism, have their battle-ground, on which they are defending their respective positions; and thus it results, that while the dynamist starts from the principle, that by dilution and trituration latent properties are more and more developed, he gradually comes to the higher potencies. The materialist is afraid that by going too far he would diminish the effect. The awkward position in which both parties are placed by the defective theories, shows itself the best by having an opportunity to observe them at the sick-bed. The dynamist, who generally is a physician possessed of great self-confidence, prescribes one dose of high potency and waits for its effect. If the case be a critical one, and takes a rapid course for the worse, if the expected change for the better does not show itself soon. he gets uneasy. He administers the remedy then at [illegible] if convinced of a correct choice

of the remedy, and at last comes to the conclusion to prescribe in lower potencies, to be enabled to take home the satisfaction that he has done all he could. The more careful materialist generally follows a course in the reverse manner; he commences with the lower attenuations, and if the sickness under his treatment is getting worse, he is under the impression that he has before him a deterioration caused by his medicine, and at last he arrives at a point whence the other started, and administers high potencies.

I have endeavored above to demonstrate the presence of medical matter in the 30th potency; but if beyond this a healing power exists in it, it has to be proved, and for this reason the number of believers in dynamization of drugs is decreasing, because the analytic spirit of the age is only satisfied with results derived from experiment and scientific deductions, and which have their *natural* explanation. Therefore it seems to me, that the adopted manner of most of the Homœopathic physicians, the mixing of small doses of the lower dilution with a certain quantity of water, to be taken at certain intervals by teaspoonfuls, is the really rational way of administering Homœopathic remedies, because it is the true mediator of the dynamic and natural wings of Homœopathy. Finally, I will try to give an explanation of the phenomenon, which has been observed in the proving of drugs, viz., the effect which different medicines predominantly have, either to the left or to the right side of the body. All organic or inorganic matter has, according to the different elements it contains, either positive or negative electricity; the same matter changes its electric character by friction, shaking, &c., and changes from positive to negative, and vice versa. Thus we know from experiment that, for instance, Kreosote being primitively a fluid with positive electricity, changes to the negative if placed on a positively loaded conductor. Ipecacuanha in lower dilutions is negative, and in high dilutions it becomes positive. Strammonium, China and others are positive; Belladonna, Lachesis and others are negative; and exactly according to their electric qualities, these remedies show their effect, the positively electric on the left side and the negatively electric on the right side of our body. This phenomenon caused the physiologist, who was satisfied with the fact, to meditate and to experiment; and he discovered, by the use of the so-called reäction apparatus, that the electro-negative stream circumvolves the fingers of the right hand and the right forearm from right to left, and the electro-positive stream the left hand and the left forearm from left to right; and now he had the explanation to this marvelous observation by the provings of drugs, and the scientific answer to the skeptical questions of our opponents.

Thus Physiology more and more smooths and illuminates the path of Homœopathy; and it is to be regretted that the Homœopathists do not make Physiology more and more their main study than they have heretofore done.

"WESTERN HOMŒOPATHIC OBSERVER."

With this issue of the journal, the management of it by the Homœopathic Medical Society ceases.

Mr. H. C. G. LUYTIES takes the entire control and exclusive Editorship.

WESTERN INSTITUTE OF HOMŒOPATHY.

The following gentlemen, who were appointed to report on the subjects assigned them, are urgently solicited to appear at the meeting of the Institute, which convenes in the city of Indianapolis, in the Senate Chamber of the State House, on Thursday, the 23d of May. A full report is desired from each of the members of the Committees.

Drug Provings.....Drs. G.W. BARNES and W.H. BURT.
Surgery.....Drs. J.S. MITCHEL and H.C. ALLEN.
Anatomy.....Drs. HELMUTH and COLTON.
Physiology.....Drs. HOOPER and HINCKLEY.
Obstetrics.....Drs. WALKER and SAPP.
Chemistry.....Drs. SHIPMAN and HOFFMAN.
Pharmaceutical Preparations...Dr. E. M. HALE.
Clinical Medicine.. .....Drs. P. H. HALE and BLACKBURN.
Pathology.....Drs. DRAKE and COMSTOCK.
Contingencies of Labor.....Dr. R. LUDLAM.
Topical Applications.....Drs. COOPER, BECKWITH and FRANKLIN.

E. M. HALE, M.D., *Cor. Sect.*

A Call to Organize a State Homœopathic Medical Society in Indiana.

The Homœopathic physicians of the State of Indiana are urgently invited to assemble in the Senate Chamber of the State House, in the city of Indianapolis, in the afternoon of the day before the meeting of the Western Institute of Homœopathy, which convenes on Thursday, the 23d of May, 1867.

W. EGGERT, M.D., } Indianapolis.
N. G. BURNHAM, M.D., }
— BEAR, M.D., Richmond.

THE WESTERN

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All communications, whether of a business or literary character, must be sent to the Proprietor and Publisher of this paper, No. 306 North Fifth street, between Olive and Locust streets.

PROVING OF NUX MOSCHATA.

BY M. MORTON DOWLER, M.D.

Age twenty-five; nervous temperament; health and appetite good; sedentary employment; pulse normal.

About 9 o'clock, P. M., ate two nutmegs, and fifteen minutes thereafter was asleep. Slept profoundly. In the morning was several times called to breakfast. Went to bed feeling perfectly well, but *could not account for my strange feelings on awaking*. Was painfully conscious, however, of some powerful influence exerting itself upon my system, but as to cause could get no intelligible clue.

Great languor and drowsiness, with no desire to move; felt unwieldly, as a mass of metal; arms and legs felt sorish, large and heavy; eyelids drooped, and could only open fully with use of hands; enlargement of eyes, with intolerance of light, while objects seemed to float before the vision; intense frontal headache, with tense and painful sensation in scalp; head seemed bulky and rolled round almost uncontrollably, being obliged to bring to its support one or both hands while sitting at a table; chilliness; nape of neck tremendously constricted, all bodily energy lapsing into passive suppleness in the clutch of the unseen giant; paralysis of

the organs of deglutition, making it difficult to swallow saliva; nausea, with shuddering aversion to food; vomiting; foul taste in mouth; buzzing in ears; pressure in pit of stomach; a most distressing, urgent want of breath, and painful feeling of oppression upon the chest; to relieve which, would straighten up, when other distressing effects would ensue: a rush of blood to head, obscuring the sight; quivering of the heart; violent palpitation; the great central organ laboring under fearful embarrassment; pulse intermitting, the intervals between the pulsations being so protracted as to excite fears of impending dissolution; the hands would be placed upon the sides, the constriction about the waist and abdomen being so persistent and so oppressive as instinctively to welcome any, even the slightest palliation.

Started across the public park *en route* for office, but to retain footing found myself obliged to catch hold of trees and fence. Turned about for home, took a dose of physic, went to bed, but did not get about again for two or three days.

Although almost a decade has already elapsed since the enactment of this history, it must nevertheless very conclusively appear, that the effect of two nutmegs in inducing vertigo, and impeding active locomotion, together with those other diversified effects herein sketched, furnishes a sufficient proving, if any were wanting, of the narcotic properties possessed by this drug, as well as the toxic symptoms which it bequeaths when taken in aggravated or heroic doses.

QUERY: So strikingly analogous with those found developed by this medicine, are the symptoms of *Neuralgia of the Spinal Marrow*, as declared through the different organs in relation with the affected parts of that Great Nerve, whether in its upper and lower cervical, upper and lower dorsal, or lumbar portions, that I am led to ask whether it is, or could be in therapeutic adaptation with that most distressing affection?

SULPHATE OF MORPHIA AS A PALLIATIVE IN DISEASE.

BY W. H. BURT, M.D., OF LINCOLN, ILLS.

The busy physician is often called upon to give relief from pain to a patient suffering from some malignant disease that bids defiance to all remedial agents. If we, as Homœopaths, should under these circumstances sacrifice our patients to the dogmatic application of our humane and all-providing law, we would not only bring Homœopathy in disgrace, but would become recreant to the duties we owe to common humanity. In these cases it is our duty to use palliatives; and the best among the long list of narcotics, that presents itself to us, is the Sulphate of Morphia. True, we can often get along with Aconite, Belladonna, Hyoscyamus, Nux-v., Gelseminum, Coffea, Chamomilla, &c., &c., but in those malignant cases the Sulphate of Morphia will have to be our sheet anchor. But here the question arises, we often find patients that cannot take the Morphia without producing a long train of nervous symptoms, with nausea and vomiting, and instead of sleeping, will remain wakeful for twenty-four or forty-eight hours; the patient, instead of receiving relief, is made much worse than he was before taking the palliative. What shall we do in these cases? This question the writer of this article can answer, to every physician's perfect satisfaction. To one-tenth of a grain of the Sulphate of Morphia, add about two grains of the second decimal trituration of Atropia. The Morphia—or, I should say, the compound—will then have the desired effect without one unpleasant subsequent symptom; even constipation will be almost entirely avoided. We do not get the full effect of either remedy—one neutralizes the other.

FIFTH ANNUAL MEETING OF THE WESTERN INSTITUTE OF HOMŒOPATHY,

Held in the Senate Chamber of the State House at Indianapolis, Ind., May 23, 1867.

MORNING SESSION.

The members of the Western Institute of Homœopathy were welcomed to the State of Indiana by Dr. O. P. Baer, of Richmond—Dr. Franklin in the chair. Present: Drs. H. C. Allen, G. D. Beebe, A. O. Blair, G. H. Blair, I. Bosler, E. C. Franklin, E. M. Hale, Wm. Tod Helmuth, R. Ludlam, L. E. Ober, G. Perrine, N. Snyder, R. Schofield, H. B. Van Orn, T. P. Wilson.

Minutes of the last meeting were read by the Secretary, T. P. Wilson, and adopted.

The Chair made the following additions to the Board of Censors:

Drs. Perrine, Ludlam, Helmuth, A. O. Blair, and Ober.

The Board of Censors reported favorably of the following gentlemen, who were duly elected members of the Institute:

G. T. Parker, Greensburg, Indiana.
J. T. Boyd, Indianapolis, Indiana.
J. A. Compton, Muncie, Indiana.
G. H. Stockham, Lafayette, Indiana.
P. Baker, Monmouth, Illinois.
J. R. Flowers, Columbus, Ohio.
E. A. Lodge, Detroit, Michigan.
T. C. Duncan, Chicago, Illinois.
W. Eggert, Indianapolis, Indiana.
N. G. Burnham, Indianapolis, Indiana.
O. P. Baer, Richmond, Indiana.

In the absence of the Treasurer, Dr. Perrine was appointed to the office *pro tem.*, and took charge of the books and papers of Dr. Barnes, the regular Treasurer.

The reports of committees were then called.

On motion of Dr. H [illegible] ittee of one was ap-

pointed to ascertain what committees were ready to report, and when they proposed to hand their documents to the Institute.

The following reports were handed in:

Dr. Burt—Materia Medica.

Dr. Allen—Surgery.

Dr. Helmuth—Anatomy.

Dr. E. M. Hale—Pharmaceutical Preparations.

Dr. P. H. Hale—Clinical Medicine.

Dr. R. Ludlam—Contingencies of Labor.

On motion, the order of business was suspended to receive delegates from other Societies.

Dr. I. Bosler, delegate from Miami County Homœopathic Society, reported the flourishing condition of the Society, it having now over thirty members, with every prospect of increase, and was, by its practical workings, doing much good for the interests of the cause.

Prof. A. O. Blair, delegate from the Cleveland Homœopathic Medical College, made a report of that institution.

Drs. G. W. Perrine and L. E. Ober, delegates from the Wisconsin Homœopathic Medical Society, through Dr. Ober, presented an encouraging account of its proceedings.

Dr. T. P. Wilson, for the Hahnemann Society of the Cleveland Homœopathic College, made also an interesting statement of that institute.

Dr. H. C. Allan, of the State Medical Society of Ohio, also reported favorably.

Dr. N. Snyder, from Cuyahoga Medical Society, also handed in an account of its proceedings.

Dr. G. D. Beebe, for the Hahnemann College of Chicago, reported that this school of medicine was in an exceedingly flourishing condition, with a class of seventy-five pupils, the last class being composed of young men above the average of intellect found in medical colleges. The object of the college is to elevate the standard of medical education, and to establish on a firm foundation an institution of which Homœopathy will be proud.

Dr. William T. Helmuth, delegate from the Homœopathic Medical College of Missouri, reported that the Institution which he represented was in a very flourishing condition. A new building had been purchased at a cost of $30,000, wherein was every convenience for teacher and pupil. The Good Samaritan Hospital was also open to the student, wherein all the surgical operations were performed in the presence of the class. The Colored Orphans' Home is also open to the classes, and every effort is being made to raise the standard of Homœopathic education.

Dr. E. M. Hale, from the Northwestern Provers' Association, reported favorably of the progress of that body, and of its great usefulness to the cause.

Drs. L. E. Ober, G. W. Perrine, E. M. Hale, R. Ludlam, T. C. Duncan and P. Baker, from the Illinois State Homœopathic Society, also reported.

Dr. William H. Cook, delegate from the State Society of Pennsylvania, reported a healthy condition of that body.

Dr. Ludlam, from the Cook County Society, reported the good condition of this local body, and predicted for it a large share of usefulness.

The credentials of the delegates were accepted, and the gentlemen requested to take seats with the Institute.

REPORTS OF COMMITTEES.

Dr. P. H. Hale reported on the use of *Ptelea Trifolia* in dyspepsia, with some very interesting cases.

Dr. Baer made some remarks upon the paper, of a very interesting nature, stating its efficacy in ague, as known to the Indians, and also its peculiar botanical characteristics; but rejected the fragmentary provings as tending to allopathy.

Dr. Hale, in reply, stated that there were now over forty physicians engaged in proving the *Ptelea*, which report was to be handed to the American Institute.

On motion, the report was accepted, and committee discharged.

Dr. Wilson moved that the business be suspended, to appoint an auditing committee. Drs. Ober, Perrine and Snyder were elected as that committee.

Dr. Blair made a report on Idiocy, stating that he had found a great number of patients afflicted with idiocy, who suffered from eruptions of the scalp. After thinking over the matter, he made further investigations, and found in an asylum for the treatment of idiots, that the majority of the inmates had suffered from cutaneous diseases, or eruptions upon the scalp, which had been suppressed by external applications.

Dr. Baer inquired if Dr. Blair had ever tried *Baryta carb.* in these cases.

Dr. H. C. Allan inquired of Dr. Blair if the conformation of the heads of the children who became idiots was similar to those which he had observed in the asylum for the idiotic.

Dr. Helmuth spoke of the disastrous effects on the nervous system of suppressed eruptions, and regarded it quite probable that idiocy might result from repercussed cutaneous disease. He spoke of the value of *Bary. carb.* in crusta lactea, but relied more upon *Lyc.* 30 when there is moisture beneath the crusts, and *Graphites* 30 when the crusts are dry. Related a case where the repercussion of eruption causes hemiphlegia. He has also used *Sepia* with good results.

Dr. Baer reported a very interesting case of the disease.

Dr. Hale had never had the slightest effect from *Lyc.* or *Graph.* in low or high potencies in diseases of the scalp. He had seen good effects from *Sepia* in eruptions on the face, but his main reliance is placed upon *Iris versicolor* in the sixth potency. He also prohibited the use of soap and water. He thought sourness of the injesta called for *Iris.*

Dr. Eggert began his practice with low dilutions, but in the last twelve years he had become convinced that the high dilutions were the most successful in practice. He had tried the *Iris versicolor* without benefit, the sour stomach being relieved by *Calc. carb.*, two hundredth potency.

Dr. Ludlam had treated cases of crusta lactea which

would not yield to ordinary medicine, which he had cured with *Merc. prot.*, especially where there was a syphilitic taint of the system.

Dr. Wilson did not see how the pathology of the disease corresponded to the treatment with high dilutions. He thought ninety-nine cases in one hundred could be cured without the dilutions. That the disease was a fungus, and required local means for its removal.

Dr. W. T. Helmuth stated that it was perfectly possible so to affect the system by properly administered homœopathic medicines, that the condition upon which either a parasite or fungus existed could be destroyed. In fact, by depriving the soil of properties necessary to the existence of either plant or animal, the death of the product is inevitable. So he believed it to be in cases of this kind.

Dr. Ludlam remarked that Dr. Wilson's views were too hasty. The microscope discloses an animal parasite proper to tinea capitis or scald head. This parasite occupies the piliferous bulb and destroys the hair. In crusta lactea, or milk crust, no such parasite is present. The parasite sometimes found in the latter is incidental, and not to be regarded as properly belonging to it any more than the vegetable fungus in diabetic urine is a symptom of diabetes.

Adjourned until 2 o'clock P. M.

AFTERNOON SESSION.

Called to order by President Franklin.

The subject, *Crusta Lactea*, was brought before the meeting.

Dr. Beebe stated that he did not desire that the impression might go abroad with reference to the exclusive use of high potencies, and that though he had ample experience of their satisfactory action, yet he also was aware of the like good action of the lower. He thought both potencies should be used.

Dr. Eggert thought that high dilutions cured more speedily than the low ones in these cases.

Dr. E. C. Franklin stated his experience in the disease, and though he did not disbelieve in the action of the high potencies, yet he had seen excellent results from the white ointment of mercury in a very short time. He also did not fear repercussion when homœopathic medicines were used internally.

Dr. H. C. Allan stated that he had seen cases cured by both dilutions, and also cured by other means. But he wished to get back to the question, and ascertain the relation between idiocy and the repercussion of eruption.

Dr. Wilson stated that he desired to see this matter fathomed to the bottom, and hoped that a committee would be appointed to investigate the matter.

It was resolved that Drs. Blair, Ludlam and Helmuth be said committee.

The Board of Censors reported the names of Drs. M. H. Waters, of Peru, Indiana, and Martin Mayer, of Leavenworth, Kansas, as applicants for membership.

Dr. Burt's paper on the Proving of Ironwood (*Austria Virginica*) was read by Dr. E. M. Hale. It was used in intermittent fever.

Dr. Eggert stated that Dr. Burt had in two years and a half proved forty-two remedies. He did not see how it was possible for this to be accomplished, when Hahnemann, and Noack, and Trinks, took years for the accomplishment of their provings.

Dr. Hale then stated that all the provings of medicine in the great materia medica were made with the 30th potencies, and the action allowed to continue for weeks and months, and during the time of proving, those engaged drank beer and coffee, and smoked, and still continued to write down symptoms.

Dr. Eggert stated that it would still be more impossible to decide upon the symptoms of a prover if he gave up his usual habits.

Dr. Blair thought the traditional parts of the paper very

valuable, and that the remaining portions should be considered as useful as forming the basis of the proving.

Dr. Allan related a case of cure of intermittent fever, cured by ironwood.

Dr. Helmuth stated that it would be preferable if other diseases besides intermittent fever were mentioned in these provings, because there were so many remedies for that disease that it was almost useless to repeat them. Every old woman knows something to cure chills.

Dr. Lodge asked that the paper be allowed to be printed in the *American Homœopathic Observer.*

Dr. Wilson begged to protest against such a proceeding, as there were other medical periodicals represented, and they should also have a right to the publication.

Dr. Ludlam's report was given verbally. It was on the Contingencies of Labor, and was highly interesting. He spoke of hepatic abscess in connection with obstetrics.

Dr. Hale stated a case of hepatic pain from mechanical irritation of the fœtus.

Dr. Ober had similar cases, but manipulated differently.

Drs. J. T. Boyd, Ober, Baer, Blair, Bosler, Helmuth and Ludlam participated in the discussion.

Dr. Ludlam was requested to present his report in writing, and hand it to the Publishing Committee.

Dr. Helmuth then read a report on the Triangular Ligament and the Curves of the Catheter. After this paper was read, Dr. L. P. Wilson stated that something more was due to the Doctor than merely placing the article on file—that the thanks of the whole profession were due to him for his most excellent and valuable paper, and that he should be glad to see it in print.

Dr. E. M. Hale moved that Dr. Helmuth be requested to furnish drawings and measurements illustrating his remarks, and that the thanks of the Institute be tendered him for his essay.

Dr. Beebe then corroborated what Dr. Helmuth had stated, also the value of large catheters and sounds.

yd made a report of the Means of Curing Ster-
inod of Detecting the Sexes of the Fœtus in

iscussion was participated in by Drs. Hale, Lud-
. Ober, Blair and Parker.
ham moved that Dr. Boyd be requested to write
rt and hand it to the Secretary.
on moved that a committee be appointed to
officers for the ensuing year. Carried.
e moved that a committee be appointed to fix the
ace of next meeting. Carried.
mittee for nominating officers for the ensuing
Drs. Ober, Helmuth and Eggert.
mittee for fixing time and place of next meeting
Beebe, Hale and Perrine.
e then offered some very stringent resolutions in
to the prevention of the crime of abortion, which,
ission, were carried.
lmuth offered the following resolution: That the
protest against the action taken by Dr. Lippe, in
g with the appointment of Dr. C. J. Hempel to
r of Homœopathy in the University of Ann Arbor,
gan; and that the Institute do hereby recommend
pel as eminently qualified for filling that chair, and
rge his immediate appointment.
Lodge then gave a history of the appointment to the
f Homœopathy in the University.
r some discussion, the motion was carried.
ourned until the evening session.

SECOND DAY'S PROCEEDINGS.

MORNING SESSION.

FRIDAY, MAY 24, 1867.

et at 8 o'clock A. M. The President, Dr. Franklin, in
Chair.

Dr. Wilson moved that hereafter no proving of a drug
ll be placed on the record of the Institute that is no

confirmed by reliable provings made by two or more persons. Carried.

Dr. Wilson then said: It is the easiest thing in the world to write out symptoms. The materia medica is lumbered down by quantities of drugs which are oft times of no value. Decisions regarding drugs should not be received on ONE man's testimony, because in our case the matter is one of life and death.

Dr. Eggert remarked, that he thought it better in one year to become acquainted with one drug, than to know imperfectly many. He therefore heartily endorsed Dr. Wilson's resolution.

Dr. Allan. If we wait until we get all the remedies in the new and old materia medicas proved by several provers, we will have to wait a long time. If we can't get what we wish, let us get what we can.

Dr. Eggert believed, from long experience, that most of the old medicines contained in their provings the symptoms of most diseases. That the study of the old materia medica at first is dry, but becomes, like the study of the classics, more and more beautiful the better it is understood.

Dr. Allen offered the following:

Resolved, That the Finance Committee be instructed to report the cost of printing 500 copies of the entire proceedings of this Institute, together with the Constitution and By-Laws, and that a publishing Committee be appointed by the Chair to carry out the object of this resolution, with full power to act.

A division of the question was called for, and the first half of the resolution was, on motion, adopted.

Dr. Beebe moved to amend by striking out "full power to act." Carried.

It was then resolved that the Chair appoint a finance committee of three. The following gentlemen were appointed: Drs. H. C. Allen, L. E. Ober and N. Snyder.

The Chair appointed as committee of publication, Drs. Helmuth, Ludlam and Hale.

Dr. Eggert spoke fully of the value of monographs on special subjects, and if the Institute would accept it, he would be pleased to offer something by way of stimulus to the future increase of our knowledge on scientific subjects, and desired, with the permission of the Institute, to offer a prize of one hundred dollars for the best practical paper on "Nasal Catarrh," and desired that the Institute appoint a committee of three to examine the essays presented, and to award the prize at the next meeting of the Institute.

On motion, the offer was accepted, and the thanks of the Institute returned to Dr. Eggert, who was requested to nominate the committee of award.

The following was then offered by Dr. Bosler:

Resolved, That a committee be appointed to correspond with the various publishing houses, relative to issuing a new edition of Jahr's Manual, or Symptomen Codex, Hempel's, Boenninghausen & Boenninghausen's Therapeutic Pocket Book, in order that new comers in the profession may obtain these volumes.

The Chairman appointed Drs. Bosler, Allen and Perrine.

Dr. Lodge being about to publish a Pharmacopœia, Drs. Hempel, Hale, Barnes and Temple were appointed the committee to examine the work.

Dr. Lodge offered the following:

Resolved, That the President and Secretary be instructed to petition Congress, in the name of the Institute, for the appointment of a Homœopathic Board of Examining Surgeons, and that candidates passing examination by such Board be eligible to appointment to the public service.

On motion, it was

Resolved, That all practitioners of Homœopathy secure signatures to such petitions, to be presented to the next Congress.

The President then read a telegram of greeting and encouragement from the State Society of Maine, in answer to one sent by the Institute on the day previous.

The telegram read as follows:

Dr. Franklin reported a case of Hypospadias of the second class of Rokitansky, describing the parts and the operations made for its restoration, pledging to write out the case and furnish the drawings.

Dr. G. W. Bowen presented a valuable report on Fibroid Tumors, giving two cases in point, both of which seem to have been greatly benefited by *Silicea*, the first case fully recovering under this remedy in two months.

It was then moved to proceed to the election of officers.

The committee on nominations reported the following candidates, and recommended their election:

President—R. Ludlam.

1*st Vice-President*—O. P. Baer.

2*d Vice-President*—T. P. Wilson.

Recording Secretary—Wm. T. Helmuth.

Corresponding Secretary—G. W. Barnes.

Treasurer—S. P. Cole.

Board of Censors—E. C. Franklin, Missouri; L. Pratt, Illinois; E. A. Lodge, Michigan; Wm. Eggert, Indiana; H. C. Allen, Canada West.

Orator—E. M. Hale, Chicago, Illinois.

Alternate—T. G. Comstock, St. Louis, Missouri.

On motion, the Chair was allowed to cast the vote of the Institute, and the candidates were thereupon elected.

On motion, it was resolved that Dr. E. C. Franklin be appointed a committee on Surgery, and Dr. R. Ludlam a committee on Obstetrics. These committees were instructed to report at the next meeting of the Institute all the improvements in these departments, presenting, as far as practicable, all mechanical appliances of the same.

Dr. R. Ludlam offered a prize of one hundred dollars for the best essay on the Pathology and Treatment of Dysmenorrhœa.

On motion, the thanks of the Institute were voted to Dr. Ludlam for his generous offer, and he was requested to appoint the committee of award.

The Auditing Committee reported the Treasurer's accounts as correct, and the report was adopted.

On motion, Drs. Wilson, Ludlam and Boyd were appointed to nominate the Scientific Committees for the ensuing year. The following were nominated:

G. D. Beebe—Surgical Cases.
M. H. Waters—Conduct of the Physician during Labor.
J. T. Boyd—Uses and Abuses of Pessaries.
T. C. Duncan—Nephrites.
G. W. Bowen—Malaria.
G. W. Perrine—Prolapsus Uteri.
H. B. Van Norman—Medication by Inhalation.
N. Schneider—Fistula in Ano.
G. W. Barnes—Pharmaceutical Preparations.
T. P. Wilson—Ophthalmia.
W. T. Helmuth—Surgical Anatomy.
E. M. Hale—Materia Medica.
G. W. Chittenden—Trichinæ Spiralis.
G. H. Stockham—Homœopathy.

Which were appointed.

Dr. E. C. Franklin offered one hundred dollars for the best essay on the Diseases of the Bones, and their Homœopathic Treatment.

On motion, it was

Resolved, That the proposition of Dr. Franklin be accepted, and the thanks of the Institute be returned for the generous offer, and that he be requested to have a committee of three appointed to examine the essays presented and award the prize.

The Institute then went into Committee of the Whole on the subject of Medical Education, L. E. Ober in the chair.

It was moved and carried, that the Colleges appoint a committee of one from each College, to recommend a uniform course of medical study to be pursued by all the Medical Institutions.

On motion, the Committee rose and reported, and the Institute adopted the report.

Dr. William T. Helmuth offered a prize of one hundred

dollars for the best essay on the History and Homœopathic Treatment of Syphilis.

On motion, the offer of Dr. Helmuth was accepted, and the thanks of the Institute returned to the donor, with the request that he appoint a committee of three to examine the essays and award the prize.

The thanks of the Institute were tendered to the citizens of Indianapolis for the elegant manner in which they have entertained the Institute during the session, and to the press for its reports.

Adjourned till eight o'clock P. M., to listen to the annual address by Dr. T. P. Wilson.

EVENING SESSION.

Dr. Wilson delivered an able and interesting address, which was listened to by a large and appreciative audience. The Doctor was, in many parts of his remarks, eloquent in the extreme.

THE SECOND PART of Prof. Franklin's *Science and Art of Surgerg* is in press, and will soon be ready for distribution.

THE Boone County lady who bore four children, and the babes, are all dead. The mother died on the same day she gave birth to the children. Three of the children died within an hour after birth. The other one lived but a day and a half.

PROLIFIC.—On the night of the 22d ult., Mrs. Simonds, of Logansport, gave birth to four children, all of which died. In three births, Mrs. Simonds has been delivered of eight children.

The Western Homœopathic Observer.

ST. LOUIS, JUNE 13TH, 1867.

EDITORIAL.

OWING to the lengthy records of the proceedings of the Western Institute of Homœopathy, we have been obliged to exclude from this number of the OBSERVER several very valuable contributions, and also the transactions of the American Institute of Homœopathy, which held its last session in New York City.

It is gratifying for us to be able to inform our readers, that throughout the United States, the cause of Homœopathy is advancing with a rapidity which is truly surprising. The wonderful increase in the number of its adherents, of its educational and charitable Institutions, and the immense amount of good it is doing in preventing the absorption of poisonous drugs into the systems of the poorer classes of our communities, and thereby preserving them in sound body and mind for the great work they perform in our country, cannot be over-estimated.

There are now in this country 3,607 Homœopathic Physicians, the States ranging as follows:

Alabama	13	Minnesota	42
Arkansas	3	Mississippi	16
California	18	Missouri	68
Connecticut	81	Nebraska	5
Delaware	12	Nevada	2
Dist. Columbia	14	New Hampshire	37
Florida	3	New York	318
Georgia	20	New Jersey	90
Illinois	394	North Carolina	2
Indiana	119	Ohio	352
Iowa	121	Pennsylvania	374
Kansas	21	Rhode Island	34
Kentucky	44	South Carolina	4
Louisiana	21	Tennessee	6
Maine	51	Texas	11
Maryland	34	Vermont	64
Massachusetts	251	Virginia	8
Michigan	215	Wisconsin	199

Now, although this number is truly surprising, yet by referring to the above list, it will be found that in some of the largest States of the Union there is yet a great field for ardent and energetic Homœopathic physicians. In Florida, in Georgia, in Kansas, the Carolinas, Texas, the Virginias, and the new States of Nebraska and Nevada, room is to be found for 1500 to 2000 physicians of our school. Let the young men look to it. Let our various Collegiate Institutes remember the fact, and let our Societies use their influence to spread in all directions the great law of cure.

It has been thought advisable to place the Mortuary Reports of the City of St. Louis before the readers of the *Observer*. This month, for want of space, it was found necessary to consolidate them. Hereafter they will appear for each week, thereby furnishing a ready comparison.

MORTUARY REPORT OF THE CITY OF ST. LOUIS, FOR THE MONTH ENDING JUNE 15, 1867.

By accident	9	Hepatitis	4
Abscess of liver	1	Hæmorrhage	4
Anasarca	1	Inflammation of the brain	8
Arachnitis	1	Inanition	1
Ascites	1	Lockjaw	8
Asthma	1	Meningitis	13
Bronchitis	5	Marasmus	12
Burn	1	Measles	9
Cirrhosis	1	Poisoning from Strychnia	2
Consumption	46	Paralysis	3
Convulsions	27	Pertussis	17
Cancer	2	Pneumonia	23
Croup	4	Pleurisy	2
Catarrh	1	Peritonitis	6
Congestive	1	Premature birth	4
Cyanosis	2	Remittent fever	1
Congestion of the brain	3	Rheumatism	3
Debility	4	Run over	1
Diphtheria	5	Scarlatina	4
Diseases of heart	6	Scirrhus	2
Dropsy	8	Sunstroke	2
Diarrhœa	4	Struck by lightning	1
Delirium tremens	1	Syphilis	2
Dentition	1	Shot wounds	2
Drowned	4	Strangulation	2
Eclampsia	5	Stabbed	1
Enteritis	1	Suffocation	1
Erysipelas	2	Typhoid fever	8
Epilepsy	2	Still-born	34
Fever	4		
Hydrocephalus	5	Total	360
Hydrothorax	1		

It will be seen, after subtracting the number of deaths by consumption, accident and still-births, which can hardly be reckoned in the mortuary reports, that the mortality of our city is exceedingly small.

Errata.—In Dr. Hartmann's article on Anatomy and Physiology, published in the last number of the Observer, on page 120, nineteenth line from top, for "Jute's," read *Jahr's;* on page 122, twenty-third line from top, for "mucous," read *nervous;* on page 123, twenty-second line from top, for "natural," read *material.*

THE WESTERN HOMŒOPATHIC OBSERVER.

VOL. IV. ST. LOUIS, JULY 15, 1867. No. 7.

H. C. G. LUYTIES, Proprietor and Publisher.

ISSUED MONTHLY, AT ONE DOLLAR AND FIFTY CENTS A YEAR, IN ADVANCE.
All communications, whether of a business or literary character, must be sent to the Proprietor and Publisher of this paper, No. 306 North Fifth street, between Olive and Locust streets.

[From advance sheets of the New England Med. Gazette.]

AMERICAN INSTITUTE OF HOMŒOPATHY.

PROCEEDINGS OF THE TWENTIETH ANNUAL SESSION.

The twentieth Annual Meeting of the American Institute of Homœopathy was held in the Gallery of Fine Arts, corner of Fifth Avenue and Fourteenth Street, New York, on June 5, 6 and 7, 1867.

PRELIMINARY MEETING.

The customary preliminary meeting was held on Tuesday evening, June 4, at eight o'clock, at which upwards of one hundred members were present.

Dr. George E. Belcher, of New York, President of the County Society, called the meeting to order about nine o'clock, P. M., when Dr. J. F. Gray, of New York, was elected the presiding officer.

The programme prepared by the Committee of Arrangements was adopted as the order of exercises of the meeting.

A committee on nomination of permanent officers, consisting of one member from each State represented, was elected. The committee was composed as follows:—

Maine, W. E. Payne; New Hampshire, A. Morrill; Vermont, G. E. E. Sparhawk; Massachusetts, I. T. Talbot; Rhode Island, C. F. Manchester; Connecticut, W. W. Rodman; New York, P. P. Wells; New Jersey, J. J. Youlin; Delaware, D. W. Thomas; Pennsylvania, Walter Williamson; Maryland, F. R. McManus; District of Columbia, T. S. Verdi; Ohio, W. Webster; Indiana, O P. Baer; Illinois, N. F. Cooke; Michigan, E. A. Lodge; Wisconsin, J. S. Douglas; Iowa, E. A. Guilbert; Minnesota, C. B. Williams; Missouri, Wm. Tod Helmuth; Kansas, T. J. Ward; Louisiana, W. H. Holcombe; Georgia. F. H. Orme; Nova Scotia, Walter Wesselhoeft.

After the election of this committee, the meeting adjourned to a hall below where a bountiful collation was spread. The tables were loaded with straw berries and cream, salads, sandwiches, &c. An hour was spent in a social manner, during which there was a general renewal of old acquaintanceship, and formation of new.

First Day.—Morning Session.

The Institute assembled on Wednesday morning, June 5, at ten o'clock. In the absence of the President, the General Secretary, Dr. I. T. Talbot, of Boston, called the members to order, and Dr. H. M. Paine, of New York, was made chairman. The Rev. Dr. Tuttle, of New York, opened the session with prayer. The roll of members was called and corrected, when about one hundred answered to their names. Fifty-three Medical Societies and Homœopathic Institutions were represented by seventy-six delegates.

The committee appointed at the preliminary meeting reported the following list of nominations of officers for the ensuing year:—President, William Tod Helmuth, M.D., St. Louis; Vice-President, P. P. Wells, M.D., Brooklyn, N.Y.; General Secretary, I. T. Talbot, M.D., Boston, Mass.; Provisional Secretary H. M. Paine, M.D., Albany, N. Y.; Treasurer, E. M. Kellogg, M.D., New York; Censors, W. E. Payne, M.D., Maine; E. U. Jones, M.D., Mass.; B. W. James, M.D., Penn.; J. C. Burgher, M.D., Penn.; A. T. Bull, M.D., Buffalo, N. Y.

These gentlemen were unanimously elected.

The Institute then adjourned for half an hour, to partake of a lunch, which was served in the large room beneath the assembly hall.

Afternoon Session.

At two o'clock the Institute re-assembled, and the newly elected officers assumed the duties of their positions. The President briefly addressed the Institute, thanking the members for the unexpected honor that had been conferred upon him, and expressing his great pleasure at the large attendance from all parts of the Union. He was especially glad to see so many of the old and tried standard-bearers of Homœopathy present at the meeting, which he hoped would prove of great value to the profession. He referred to the progress that Homœopathy had already made in St. Louis, and stated that the whole West was a fertile field for the progressive school of medicine, and any efforts made by the American Institute for the advancement of Homœopathy would be heartily seconded throughout the West.

Dr. George E. Belcher, of New York, chairman of the Committee of Arrangements, then addressed the members of the Institute in the following remarks:—

"Fellow-members of the American Institute of Homœopathy,—As Chairman of the Committee of Arrangements, I have the honor of welcoming you to this our city of New York. I greet you also in behalf of the members of the New York County Homœopathic Medical Society, a legalized organization of regular physicians. We welcome you as representatives of that portion of the medical profession who, seeking to make therapeutics a science, have superadded to the ordinary medical course the study of therapeutics as practically illustrated by

the genius and labors of Hahnemann. We meet as his disciples. We believe in the great homœopathic law, SIMILIA SIMILIBUS CURANTUR. We congratulate ourselves, that the influence of our school has already increased the usefulness of the medical profession, not only by its more scientific management of the sick, but indirectly by leading a large number of practitioners to doubt more and more the propriety or safety of heroic treatment, and, as the next best thing they know, to leave their sick to the operations of nature alone. May the result of our meeting be the renewal of our friendly relations, and forming of better; the continuance of that freedom of investigation and discussion which Hahnemann himself always maintained; an increase of all the influences which tend to lessen the harshness of the medical treatment of former days; the more comprehensive grasp of the great law of cure; and a redoubled energy to fulfil the mission we have undertaken! Hoping your stay here will be agreeable and satisfactory, we give you a hearty and sincere welcome."

On motion of Dr. Swazey, the President appointed a committee on credentials, consisting of the following gentlemen:—G. W. Swazey, M.D.; J. J. Youlin, M.D.; T. F. Allen, M.D.; David Thayer, M.D.; W. Webster, M.D.

On motion of Dr. Williamson, a committee to audit the Treasurer's accounts was appointed, as follows:—W. Williamson, M.D.; S. Gregg, M.D.; E. B. Thomas, M.D.; R. J. McClatchey, M.D.; George E. Belcher, M.D.

The Secretary then read such portions of the minutes of the last meeting as related to unfinished business.

The committee on a complete code of medical ethics was called upon for a report. In the absence of the chairman, Carroll Dunham, M.D., of New York, H. M. Smith, M.D., read the report, which was accepted; and, on motion of Dr. Gregg, the thanks of the Institute were tendered to the committee for the able manner in which they had prepared the report.

Considerable discussion ensued in regard to the adoption of the code of ethics as reported, which was participated in by Drs. Samuel Gregg, S. R. Kirby, W. Williamson, P. P. Wells, J. F. Gray, W. H. Watson, J. H. P. Frost, and others; when, on motion of Dr. Gray, the report was referred back to the committee, Drs. S. R. Kirby and G. W. Swazey being added, with instructions to consider the advisability of abridging the code, and to report at eleven o'clock, A. M., on Thursday.

The Treasurer, E. M. Kellogg, made a report, from which it appeared that the receipts of the Institute for the past year were $892.50; and the expenses, $1,038.18; showing a deficit of $145.68. The report, which had been examined and approved by the Auditing Committee, was accepted.

The Board of Censors presented the names of the following persons, one hundred and fifty-seven in number, as having complied with the by-laws, and therefore eligible for membership. They were accordingly elected:—

Drs. J A Albertson, J R Andrews, James H Ashorne, Henry N Avery, O P Baer, George W Bailey, J B Bailey, William C Barker, Edward G Bartlett, B L B Bayliss, I G Belden, James S Bell, Ralph Blakelock, Harris S Benedict, Eleazer Bowen, Horace Bowen, Julius C Brey, William Brink, John B Brooks Melville Bryant, E V Brown, Henry P Brown, Titus L Brown, Gardner S

Browne, Thomas C Bunting, S J Bumstead, Stephen P Burdick, Benajah J Burnett, Jr., C E Campbell, B Cetlinski, Israel P Chase, William L Cleaveland, Albert L Comstock, E G Cook, Elliot L Cook, J D Craig, C B Currier, Andrew M Cushing, J W Dowling, E H Drake, Pemberton Dudley, John P Ermantraut, J T Evans, Daniel L Everitt, John N Fairbanks, Thomas C Fanning, H Barton Fellows, Charles F Fish, W M L Fiske, Levi W Flagg, William D Foster, E C Franklin, Thomas S Goodwin, Lewis Grasmuck, B Barton Gumpert, William Hale, Evon B Harding, John Hawks, James Hedenberg, Horace P Hemenway, H B Henry, R Walter Heurtley, Robert L Hill, W H H Hinds, E F Hinks, H M Hitchcock, William F Hocking, N Webster Holcomb, Jabez Bunting Holtby, John Hornby, Henry C Houghton, Temple S Hoyne, F W Hunt, Henry F Hunt, John P Hunting. H B Hund, F W Ingalls, W F Jackson, DeWitt C Jayne, Henry C Jones, William A Jones, J Lester Keep, Alexander Kirkpatrick, Elam C Knight, C W Kuhn, W C Leech, William H Lewis, C Theo Liebold, S Lilienthal, Constantine Lippe, Charles Lowry, A P Macomber, M M Mathews, S R Mason, J H McClelland, Daniel McNeil, F B Mandeville, Henry B Millard, J W Mitchell, R E Miller, Reuben C Moffat, William D S Montanye, John C Morgan, Henry B Morrill, Nathan R Morse, Barton Munsey, Aug Negendank, Frank Nichols, T Riker Nute, James H Osborne, Frederick W Payne, S I Pearsall, Clement Pearson, Albert William Phillips, Joseph G. W Pike, Peter William Poulson, Leonard Pratt, William M Pratt. Elias C Price, Nathaniel B Rice, John F Rose, W H Sanders, Charles E Sanford, Isaac W Sawin, D E Seymour, Edward P Scales, N R Seeley, Levi Shaffer, Henry P Shattuck, Thomas Shearer, William H H Sisson, A P Skeels, Henry N Sloan, William H Smith, Gustave Justus Moritz Sommer, C W Sonnenschmidt, S Swan, Solomon E Swift, J H Thompson, Virgil Thompson, M A Tinker, Silas B Tompkins, Walter Ure, T D Wadsworth, George S Walker, E Cook Webb, Walter Wesselhoeft, Alexander W Wheeler, J Raisey White, W Hanford White, James Peterson Whittle, C A Wilbur, Alexander Wilder, L H Willard, Henry C Wood, William Wright, Alfred Zentzinger.

Dr. H. M. Smith, chairman of the Bureau of Organization, Registration and Statistics, made a report, briefly surveying the progress of Homœopathy in this country. In 1825 the first Homœopathic work was published; in 1864, 178 works were published in the interest of Homœopathy. In 1848, Dr. J. S. Smith published a list of Homœopathic physicians in New York, and the number then was 46; now Homœopathists in the United States have 3,637 physicians, distributed thus:—Alabama, 13; Arkansas, 3; California, 18; Connecticut, 81; Delaware, 12, District of Columbia, 14; Florida, 3; Georgia, 20; Illinois, 394; Indiana, 119; Iowa, 121; Kansas, 21; Kentucky, 44; Louisiana, 21; Maine, 51; Maryland, 24; Massachusetts, 251; Michigan, 215; Minnesota, 42; Mississippi, 16; Missouri, 68; Nebraska, 5; Nevada, 2; New Hampshire, 37; New York, 818; New Jersey, 90; North Carolina, 2; Ohio, 352; Pennsylvania, 374; Rhode Island, 34; South Carolina, 4; Tennessee, 6; Texas, 11; Vermont, 64; Virginia, 21; West Virginia, 6; and Wisconsin, 199. There are fifteen State organizations, forty-one local societies, and ten periodicals. The Homœopathists have colleges in New York, Philadelphia, Chicago, Cleveland and St. Louis, and hospitals and dispensaries in all the principal American cities. The com-

mittee close their report with a recommendation that the Institute publish a periodical which may be a kind of directory for the profession.

On motion, the report was laid on the table, to be discussed at some future time during the present meeting. Adjourned.

Evening Session.

In the evening, at eight o'clock, the members, with their wives and friends, re-assembled. The President, William Tod Helmuth, M.D., introduced N. F. Cooke, M.D., of Chicago, who delivered the annual address. He compared the homœopathic treatment with that of the old school, claiming that the time was come when patients were no longer to be tortured to death in the effort to cure them, and that physicians should imitate the Saviour in his quiet and peaceful method of healing the sick. The progress of Homœopathy, he said, was only less than that of Christianity itself. The law of Homœopathy—Similia similibus curantur,—like Newton's law of gravitation, had been discovered by accident. They who had adopted it could point to the past with a feeling of exultation, while the people generally had not been slow in recognizing its superiority. Homœopathic physicians to-day had more patients than they could attend to. The people who believed in the practice, not satisfied with what had already been obtained, should proclaim the efficacy of it, and insist that the Government should take measures that would place it on an equal footing in all respects with Allopathy. He enlarged upon the opposition which had been met and overcome in advancing Homœopathy to its present position. He argued against the assertion of its enemies, that its supporters were not true to their principles. He compared the two systems, and what they were effecting, and placed before the Institute a table, which set forth that where the mean proportion of deaths by Allopathy was from nine to ten per cent., that of Homœopathy was from four to five per cent.; that where the time of curing diseases by Allopathy was from twenty-eight to twenty-nine days, that of Homœopathy was from twenty to twenty-one; and that where Allopathy cost one dollar and sixty-three cents for each patient, Homœopathy cost eighty-eight cents. He concluded an eloquent address by appealing to the press to aid Homœopathists in their work of reform.

On motion of S. S. Guy, M.D., a vote of thanks was tendered to Dr. Cooke for his very masterly exposition of the advantages of Hemœopathy, and its claims for earnest support on the part of the public; and a copy was requested for publication. The Institute then adjourned till Thursday at ten o'clock, A.M.

After adjournment, the Committee of Arrangements invited the members and their friends to repair to the Levee Hall, where tables were spread, loaded with all the luxuries of the season. A band was in attendance, which furnished delightful music; and the complete success of this, as well as the subsequent entertainments, must have been as gratifying to those who so generously furnished them as they were acceptable, and the social intercourse to which they contributed will be memorable to the partakers.

Second Day.—Morning Session.

The Institute assembled at ten o'clock, A. M., President Helmuth in the chair. The Secretary reported that, in accordance with the instructions of the

Institute, he had distributed six thousand copies of the cholera circular prepared by the Bureau of Clinical Medicine. This had been copied into numerous newspapers in different parts of the country, and had been gratefully received by the profession generally.

The chairman of the Bureau of Materia Medica, Dr. Conrad Wesselhoeft, of Dorchester, presented a paper upon the subject of drug provings. He stated that our original work on Materia Medica is in German; it is therefore accessible to most American physicians by means of translations only. It is now proposed to collect the scattered materials, add new and complete provings of American drugs, and create an American Materia Medica, conveying its meaning, directly from the pen of the provers, in idiomatic English, to the reader. In this way only would they escape the appellation of irrational empirica. Although the German Materia Medica had established the truth of homœopathic principles in every country, far greater results might be looked for, when each country, with its peculiar language, climate, and territorial idiosyncrasies, shall possess a Materia Medica of its indigenous drugs.

Dr. Wesselhoeft then read an abstract of a very thorough and careful proving of Pulsatilla nuttalliana, the Anemone patens of Gray, covering some eighty or ninety pages.

Dr. Payne presented and read a partial proving of Lilium tigrinum.

Dr. Williamson read an abstract of a very extensive and thorough proving of Hydrastis canadensis, covering some hundred or more pages.

A letter was read from Dr. Hale, stating that his proving of Ptelea trifoliata was not yet complete; but, if he should be continued upon the bureau, he hoped to present a carefully prepared proving of this drug at the next meeting of the Institute.

The report of the bureau was accepted, and referred to the Committee on Publication.

On motion of Dr. Gregg, the thanks of the Institute were presented to the members of the bureau for their laborious efforts and carefully prepared reports.

Dr. B. Fincke presented a detailed proving of Lachesis, made with the one hundred thousandth potency. It was referred to the Committee on Publication.

Dr. P. P. Wells then addressed the Institute on the subject of the proving of drugs, giving his idea of the manner in which it should be done, objecting strongly to the making of violent assaults upon the system with large doses of the drug which is to be proved.

Dr. Moore spoke in favor of physical diagnosis, inspection, &c., and would not be wholly dependent upon subjective indications. A physician should be a naturalist, should study his patient in all possible ways, and then select his remedies accordingly.

A very interesting discussion then ensued upon the general subject of drug provings and drug action. Many of the members participated in it.

The Board of Censors reported the name of Mrs. Mercy B. Jackson, M.D., of Boston, who had applied for membership.

The Secretary stated that her application as reported last year was still upon the table.

It was taken up, and Dr. David Thayer, of Boston, said that Mrs. Jackson

had been longer in homœopathic practice than the majority of the members of the Institute. She was well educated, and a regular graduate of a legally authorized medical college in Massachusetts. There were physicians present who knew her to be well educated and of high moral character. The question whether females should be admitted to the membership of our medical societies could not longer be avoided. We shall soon ascertain, if we do not know it to-day, that the world moves. While it is physically revolving around its orbit, it is at the same time morally advancing. It is useless for us to contend against manifest destiny, and it will not be long before women will have the right of suffrage in the Empire State. He was not particularly a "woman's-rights" man, but conceded the largest liberty to all. He favored everything that tended to progress and order; and was satisfied that the female mind was naturally well adapted to the practice of medicine, particularly to that minute and careful investigation of symptoms which we recognize as peculiarly adapted to the practice of homœopathic medicine. He wished to know if the American Institute of Homœopathy was sufficiently advanced to admit women to equal privileges of membership.

Dr. D. Holt, of Lowell, said that he had met the lady proposed some years ago, and was favorably impressed with her. If ladies were to be admitted to the Institute, he knew no objections to the one now proposed. The question of admitting females to membership must be met by the Institute: and he should vote in the affirmative, because he thought well of the sex generally; and because some of them had qualifications fully equal, if not superior, to those of male practitioners in general; and because the Institute would have to come to it, the issue being unavoidable.

Some discussion ensued upon the fitness of the applicant for membership, which was participated in by Drs. Thayer, Sherman, McManus, and others.

Dr. Talbot said that he considered the question before the Institute to be one of broader scope than mere individual qualifications. It was one of the great moral questions which were forcing themselves upon the attention of society in various phases; and he would greatly prefer to see it discussed upon its abstract merits, than upon any consideration of personal qualifications.

By consent of the Institute, Dr. Wells offered the following resolution as a substitute for that under consideration:—

RESOLVED, That the American Institute of Homœopathy admit to membership properly educated females.

Dr. Donovan, of Staten Island, said that he thought it proper for the Institute to do every thing in its power to elevate and improve the standard of female practitioners of medicine. There were many circumstances in which a female physician was preferable to a male, especially in the treatment of diseases of her own sex; but the admission of women to the membership of the Institute was quite a different question. They would here impose a restraint upon the deliberations, and prevent the discussion of many reports of great importance to the profession. It was therefore better that they should form associations of their own. He accordingly introduced the following resolution, as a substitute for the one offered by Dr. Wells:

RESOLVED, That the American Institute of Homœopathy, while admitting the importance of educating women as practitioners of medicine, and the advantages that will result in many cases from their employment as physicians, cannot approve of their being associated with males in our medical colleges, or as students in the classes of our medical colleges; as such association, we believe, will, in the one case, tend to fetter freedom of discussion, and, in the other, violate that sense of propriety, and sentiment of delicacy, which the community deem so important to preserve the proper relation of the sexes.

The substitute was rejected by a large majority; and the question then recurred upon the original resolution.

Dr. Cooke, of Chicago, said that he believed women had a right to engage in medicine, but they should not ask to join male homœopathic societies: they should establish societies of their own. If they were admitted to the membership of the Institute, they would not only embarrass the proceedings, but keep the other members in a constant ferment.

After some further discussion, the Institute adjourned till two o'clock.

AFTERNOON SESSION.

The Institute assembled at two o'clock, the Vice-President, P. P. Wells, M.D., in the chair.

The discussion of the resolution was resumed, and several members spoke on the subject. The yeas and nays were then called for, and ordered for the first time in the history of the Institute. The resolution was lost by a vote of fifty-six yeas to sixty-eight nays.

H. D. Payne, M.D., of New York, chairman of the Bureau of Clinical Medicine, read a report of the action of the bureau during the past year. He also read a paper on the alleged change of type in diseases within the last twenty-five or thirty years, during which the allopathic treatment of most diseases had undergone a complete revolution in all parts of the world, and among all classes of physicians; a milder course of medical treatment had taken the place of the system formerly in vogue.

D. H. Beckwith, M.D., read a report on the treatment of diphtheria. He described several typical cases, with the treatment which had been adopted, and the results of his careful study of this disease. The remaining reports of this bureau were continued to the following day.

Reports were received from the delegates of the State and local societies, all of which showed that Homœopathy was flourishing in their respective localities. The Institute then adjourned until Friday.

THIRD DAY.—MORNING SESSION.

The Institute met at nine o'clock, the President in the chair.

The report of the Bureau of Clinical Medicine was continued. A very carefully prepared paper by T. G. Comstock, M.D., of St. Louis, on the subject of cholera, was presented. It gave a full and interesting account of the epidemic which prevailed in St. Louis with such severity last summer.

The various reports of the Bureau of Clinical Medicine were accepted, and referred to the Committee of Publication.

The report of the Bureau of Surgery was then taken up; and, in the absence of the chairman, Dr. W. Tod Helmuth, one of the members of the bureau, gave a detailed account of new operations performed by him, improvements for the treatment of fractures, &c. He described in a graphic manner a very difficult operation of perineal urethrotomy which he performed in St. Louis, accompanying his account with a minute description of the anatomy of the parts. He also presented to the Institute specimens of the cuboid, scaphoid and cuneiform bones taken from the ankle of a patient suffering with caries of the bones of the ankle, and described the operations which he performed to save the foot, securing at the same time motion at the ankle-joint. He also showed the Institute the entire bone of the lower jaw, which he had removed from a boy in Indianapolis. He performed this operation while attending the recent meeting of the Western Institute of Homœopathy. In two days after the operation, the patient was able to talk. This operation had been performed but three or four times in the United States. The bone was removed because of necrosis, and a pin was found imbedded in the substance of the bone. He also described a new method of applying the ligature in the operation for varicocele.

Dr. Bushrod W. James, of Philadelphia, then described a new apparatus for treatment of transverse fracture of the patella. He explained that the difficulty of retaining in apposition the two fragments of the patella, in a transverse fracture, was well known to all surgeons into whose hands such cases fall. The ordinary apparatus was very apt to slip out of place, or to produce such excoriation of the surrounding parts, where strong pressure must be constantly made, that the appliances must either be very insecure, or very painful to the patient. This defect in the apparatus has usually resulted in ligamentous union of the fracture, and the patient has been rendered permanently lame thereby.

Dr. William A. Reed, of Philadelphia, exhibited a remarkable bone taken from an ovarian tumor during a post-mortem examination. It resembled in shape the temporal bone, and had three teeth, resembling molars, inserted in different portions of it. It was taken from a subject forty years of age, who presented unmistakable evidences that this could, in no wise, have been the result of pregnancy.

Dr. B. F. Bowers, of New York, described new instruments for use in cases of ectropion, and an appliance for umbilical hernia.

Dr. George F. Foote, of Philadelphia, read a paper on the external use of drugs in surgical diseases, taking strong ground against it. He had no faith in the use of drugs in such cases, and would put the patient under hygienic conditions. Where there are symptoms indicating certain remedies, he would use them in the same manner as if the patient had no local or surgical affection.

J. Beakley, M.D., chairman of the Bureau of Surgery, being now present, stated that he had been unable to prepare any report of his bureau, but promised to do so in a few days.

The Secretary read a letter from Dr. Sheffield, of Nashville, Tenn., descriptive of a monstrosity, partially bicephalous, which had recently come under his observation. The letter was accompanied by a photograph of the child, who lived twenty-four hours after birth.

Dr. L. H. Willard, of Pittsburg, read a paper on the fracture of the femur, and its treatment by a new apparatus, which was illustrated with drawings. The object is to do away with the wooden splints and apparatus now in use.

Dr. N. F. Cooke, of Chicago, presented a paper on dislocation of the kidney, or, as it is sometimes termed, floating kidney.

Dr. William Hause, of Adrian, Mich., presented a paper on otitis.

Dr. C. Theod. Leibold, of New York, read a paper on astringents, and a new form of eye syringe.

These papers were severally referred to the Committee on Publication.

At twelve o'clock, in accordance with a previous assignment, the consideration of the report of the committee on a complete code of medical ethics was taken up.

Dr. Swazey, from the sub-committee, reported several amendments, which had been thought desirable. Most of these were of an unimportant character. He paid a high compliment to the careful and erudite manner in which the report had been drawn up. He suggested striking out the entire section which makes it derogatory to a physician to hold patent for any improvement or invention pertaining to the medical profession.

An earnest and spirited discussion arose on this proposition, in which Drs. Thayer, Swazey, Kirby, Clarke, McManus, Gregg, Wells and Talbot participated.

Pending the discussion, the Institute adjourned till the afternoon.

Afternoon Session.

The Institute assembled at two P. M., the President in the chair.

The discussion on the code of ethics was continued; and, on motion of Dr. H. B. Clarke, it was ordered, that the report be referred to the Committee on Publication, with instructions that it be printed in the Transactions.

It will accordingly come up for consideration at the next meeting.

J. C. Sanders, M.D., of Cleveland, presented a report of the Bureau of Obstetrics. A portion of it was read, and it was referred to the Committee on Publication.

The report of the Bureau of Statistics was then taken up, and the several recommendations and resolutions contained therein were adopted.

Dr. H. D. Paine, Necrologist for the year past, presented obituary notices
d members. It was referred to the Committee on Publication.
of New York, exhibited a new form of pessary, and ex-
method of construction.

Dr. E. B. Harding exhibited a new kind of uterine supporter, which excited some discussion as to the necessity of any instrument of the kind.

Dr. J. C. Sanders offered the following resolution, which was adopted:—

RESOLVED, That a committee of five be appointed to prepare, for the consideration of the Institute at its next meeting, suggestions and plans for the general advancement of the standard of medical education.

Dr. Verdi moved that the subject of establishing an institute in other countries similar to the American Institute, and to be in correspondence with this, which was presented at the last session, be referred to a special committee. The motion was carried, and Drs. Carroll Dunham, T. S. Verdi, I. T. Talbot and B. DeGersdorff, were appointed as the committee.

On motion of Dr. Smith, Drs. H. D. Paine, S. B. Barlow and E. M. Kellogg, were appointed a Finance Committee, with power to settle all claims against members of the Institute for back dues.

On motion of Dr. Clarke, the President was instructed to appoint the members of the several bureaus and the special committees.

On motion of Dr. Smith, the Secretary was instructed to cause the seal of the Institute to be suitably engraved for use in official publications.

Dr. Clarke moved, that when the Institute adjourn, it be to meet at St. Louis, on the first Wednesday of June, 1868. After considerable discussion, the motion was carried.

Dr. Swazey offered the following resolution, which was adopted:—

RESOLVED, That the names of our deceased members be arranged by themselves in the published Proceedings, with the date of their decease affixed.

Dr. Swazey also offered the following, as an amendment to the Constitution, which was laid on the table, to be acted on at the next meeting;—

RESOLVED, That the third article be amended by inserting the words "male or female" after the word "others."

Dr. H. M. Paine offered the following resolution, which was adopted:—

RESOLVED, That, in the organization of life-insurance companies which discriminate in favor of practical Homœopathists, we recognize an important instrumentality, which, by showing the superiority of homœopathic treatment, will contribute to the more rapid adoption of the principles of medical science promulgated by the illustrious Hahnemann; and that, whenever practicable, the members of this Institute will give to such organizations a united and cordial support.

The President announced the following appointments:

Bureau of Materia Medica—Drs. Conrad Wesselhoeft, of Dorchester, Mass.; Walter Williamson, of Pennsylvania; William E. Payne, of Maine: E. M. Hale, of Illinois; and Samuel B. Barlow, of New York.

Bureau of Clinical Medicine—Drs. Henry D. Paine, of New York; S. M. Cate, of Massachusetts, D. H. Beckwith; of Ohio; P. P. Wells, of New York; and J. C. Burgher, of Pennsylvania.

Bureau of Obstetrics—Drs. H. H. Guernsey, of Philadelphia, Penn.; J. C. Sanders, of Ohio; J. H. Woodbury, of Massachusetts; R. Ludlam, of Illinois; and T. S. Verdi, of Washington.

Bureau of Surgery—Drs. William T. Helmuth, of St. Louis, Mo.; Jacob Beakley, of New York; G. D. Beebe, of Illinois; E. C. Franklin, of Missouri; and George F. Foote, of Pennsylvania.

Bureau of Physiology—Drs. J. H. P. Frost, of Philadelphia, Penn.; C. Vastine, of New Jersey; T. P. Wilson, of Ohio; H. P. Gatchell, of Ohio; and J. J. Mitchell, of New York.

Bureau of Hygiene—Drs. Carrol Dunham, of New York; George E. Shipman, of Illinois; T. G. Comstock, of Missouri; J. H. Pulte, of Ohio; and C. William Boyce, of New York.

Bureau of Anatomy—Drs. T. F. Allen, of New York, John C. Morgan, of Pennsylvania; H C. Allen, of Ohio; Melville Bryant, of New York; and J. Holtby, of New York.

Bureau of Organization and Statistics—Drs. H. M. Smith, of New York; Horace M. Paine, of New York; B. W. James, of Pennsylvania; William F. Jackson, of Massachusetts; and G. C. Duncan, of Illinois.

Committee on Medical Education—Drs. John C. Sanders, of Ohio; George S. Walkes, of Missouri; S. R. Kirby, of New York; Daniel Holt, of Massachusetts; and D. S. Smith, of Illinois.

Orator for 1868—Dr. Henry B. Clarke, of New Bedford.

Alternate—Dr. William H. Watson, of Utica.

Necrologist—Dr. H. D. Paine, of New York.

Committee of Arrangements—Drs. T. G. Comstock, E. C. Franklin, J. Hartmann, G. S. Walker and William T. Helmuth, of St. Louis.

On motion of Dr. W. E. Payne, resolutions were unanimously adopted, tendering the thanks of the Institute to the General and Provisional Secretaries and the Treasurer, for their arduous labors in behalf of the Institute during the past year; to the presiding officers, for the impartial manner in which they have performed their duties; to the members of the various bureaus, for their untiring and successful efforts; to the press of New York, for their careful and extended reports; and to the Committee of Arrangements, the New York Homœopathic Medical Society, and the physicians generally of New York, for the kind and hospitable manner in which they had entertained the members of the Institute during its session.

The Institute then adjourned, to meet in St. Louis on Wednesday, June 3, 1868.

I. T. TALBOT, *General Secretary.*

CLASSIFICATION OF A FEW OF THE 'NEW REMEDIES,'

According to the Parts of the Body Acted Upon.

(*After the Plan of Bonninghausen.*)

BY TEMPLE S. HOYNE, M. D., CHICAGO.

(Continued from page 115.)

Fauces, remedies acting on—Æs.-hip., aloes, arum-trip., asc.-sy., bapt.-tinct., cimicif., cist.-can., dios.-vil., gelsm., ham., hel., hyd., iris, phytol., rumex, sang.-can., tell., verat.-vir.

Fauces, burning in—Aloes, asc.-sy., cist.-can., sang.-can., tell., verat.-vir.

Fauces, dryness of—Æs.-hip., cimicif., cist.-can., dios.-vil., gelsm., ham. hel., iris, phytol., tell.

Fauces, rawness of—Cist.-can., eup.-perf., gelsm., hyd., iris, phytol., tell.

Fauces, itching of—Æs.-hip., tell.

Fauces, mucus about the—Aloes, cist.-can., hyd., phytol., rumex.

Tonsils, remedies acting on—Æs.-hip., aloes, bapt.-tinct., dios.-vil., erig.-can., hyd., phytol.

Soft palate, remedies acting on—Æs.-hip., aloes, bapt.-tinct., cimicif., phytol.

Œsophagus, constriction of—Arum.-trip., cact.-grand., verat.-vir.

Œsophagus, spasms of—Verat.-vir.

Secretion of mucus from the throat—Æs.-hip., apoc.-can., hyd., lith.-carb., phytol., rumex, tell.

Constant desire to swallow—Æs.-hip., bapt.-tinct., caul., cimicif., dios.-vil., phytol., verat.-vir.

Difficulty of swallowing—Gelsm., sang.-can.

Sore throat, commencing on the right side and going to the left—Pod.-pel.

Rattling of mucus in the throat—Pod.-pel.

Partial paralysis of glottis—Gelsm.

Sensation as if a ball of red-hot iron had lodged in the fauces—Phytol.

Sensation of sand in the throat—Cist.-can.

Sensation as if an apple core had lodged in the throat—Phytol.

Sensation of thirst, in the throat, not relieved by water—Ham.

Sensation of swelling—Aloes, sang.-can., xan.

Sensation of swelling as if it would suffocate him—Sang.-can.

Sensation as of a ball rising in the œsophagus—Verat.-vir.

STOMACH AND GASTRIC SYMPTOMS.

Remedies acting on the stomach—Æs.-glab., æs.-hip., aloes, alet.-far., apoc.-andr., apoc.-can., asc.-sy., asc.-tub., bapt.-tinct., cact.-grand., caul., cimicif., cist.-can., collin.-can., corn·-cir., dios.-vil., eup.-perf., euphorb., gelsm., ham., hel., hyd., iris, lach.-tincto., lept., lith.-carb., phytol., pod.-pel., rumex, sang.-can., tell., trill.-pen., verat.-vir., xan.

Cardiac region—Bapt.-tinct., hyd., lept., phytol., tell., verat.-vir.

Pyloric region—Æs.-hip., phytol.

Stomach, acute pain in—Æs.-glab., æs.-hip., asc.-tub., bapt.-tinct., cimicif., collin.-can., dios.-vil., hyd., lept., phytol., pod.-pel., rumex, verat.-vir.

Stomach, burning pain—Æs.-hip., aloes, asc.-tub., bapt.-tinct., cact.-grand., caul., collin.-can., corn.-cir., dios.-vil., erig.-can., eup.-perf., gelsm., hyd., iris, lept., pod.-pel., sang.-can., tell., trill.-pen.

Stomach, constant pain—Asc.-tub., bapt.-tinct., dios.-vil., hyd., iris, lept.

Stomach, constrictive pain—Tell., verat.-vir.

Stomach, cutting pain—Æs.-hip., collin.-can., dios.-vil., gelsm., hyd., lept., phytol., rumex.

Stomach, cramps in—Æs.-glab., asc.-tub., bapt.-tinct., collin.-can., gelsm., hel.

Stomach, crawling in—Aloes.

Stomach, colicky pains—Æs.-hip., bapt.-tinct., cact.-grand., caul., cimicif., collin.-can., corn.-cir., dios.-vil., gelsm., hel., iris, rumex, xan.

Stomach, drawing pain—Aloes, corn.-cir., dios.-vil., sang.-can., verat.-vir.

Stomach, dull pain—Æs.-hip., bapt.-tinct., collin.-can., dios.-vil., eup.-perf., gelsm., hyd., lept.

Stomach, distress of (uneasiness)—Aloes, asc.-sy., bapt.-tinct., collin.-can., corn.-cir., dios.-vil., eup.-perf., euphorb., hel., hyd., iris, lith.-carb., lept., phytol., tell., xan.

Stomach, distension of—Aes.-glab., æs.-hip., apoc.-can., caul., collin.-can., corn.-cir., eup.-perf., gelsm., iris, lept., rumex.

Stomach, empty feeling—Bapt.-tinct., cimicif., corn.-cir., gelsm, pod.-pel., sang.-can., tell.

Stomach, full feeling—Aes.-hip., aloes, cimicif., collin.-can., eup.-perf,, lach.-tincto., lith.-carb., tell.

Stomach, faintness at—Aloes, apoc.-can., cimicif., corn.-cir., dios.-vil., euphorb., gelsm., hyd., lept., tell.

Stomach, fluttering pit of—Aes.-hip., apoc.-can., cimicif., xan.

Stomach, flying pains in—Apoc.-andr., verat.-vir.

Stomach, gnawing pain—Aes.-hip., apoc.-can., bapt.-tinct., cimicif., corn.-cir., gelsm., lith.-carb.

Stomach, pit of—Aloes, corn.-cir., eup.-perf., iris, lach.-tincto., lept., phytol., rumex, verat.-vir.

Stomach, pulsating pain—Cact.-grand·, corn.-cir., pod.-pel.

Stomach, pressing pain—Aloes, hel., lith.-carb., phytol., sang.-can., verat.-vir.

Stomach, spasmodic pain—Dios.-vil.

Food turns sour soon after eating—Pod.-pel.

Nausea—Aes.-glab., æs.-hip., aloes, apoc.-andr., apoc.-can., alet.-far., asc.-sy., asc.-tub., bapt.-tinct., cact.-grand., caul., cimicif., cist.-can., collin.-can., corn.-cir., erig.-can,, eup·-perf., euphorb., gelsm., hyd., iris, lach.-tincto., lept., lith.-carb., phytol., pod.-pel., rumex, sang.-can., tell., verat.-vir.

Vomiting—Aes.-hip., alet.-far., aloes, apoc.-andr., apoc.-can., asc.-sy., bapt.-tinct., cimicif., collin.-can., erig.-can., eup.-perf., euphorb., iris, phytol., pod.-pel., rumex, sang.-can., verat.-vir.

Eructations—Aes.-hip., aloes, asc.-tub., bapt.-tinct., caul., dios.-vil., eup.-perf., hel., hyd., iris, lith.-carb., phytol., pod.-pel., sang.-can., xan.

Regurgitations—Aes.-hip., aloes, cact.-grand., cimicif., cist.-can., corn.-cir., eup.-perf., gelsm., hyd., iris, lach.-tinct., lept., phytol., pod.-pel., rumex, sang.-can.

Regurgitation of food—Cact.-grand., cimicif., pod.-pel., sang.-can.

Regurgitation sweetish water—Lach.-tincto.

Regurgitation sour—Aloes, gelsm., hyd., iris, lept., phytol., pod.-pel.

Regurgitation bitter—Aloes.

Regurgitation tasteless—Aloes, corn.-cir., eup.-perf., gelsm., iris, rumex.

Vomiting of blood—Aloes, cact.-grand., ham., pod.-pel., verat.-vir.

Vomiting of bile—Apoc.-andr., eup.-perf., pod.-pel., verat.-vir.

Vomiting of bitter water—Sang.-can., verat.-vir.

Vomiting of food—Eup.-perf., lept., pod.-pel., verat.-vir.

Vomiting of sour fluid—Iris, phytol.

Vomiting of mucus—Eup.-perf., pod.-pel., verat.-vir.

Vomiting fluids pass through the nose—Gelsm.

Hiccough—Gelsm., lach.-tincto., phytol., sang.-can., verat.-vir.

Soreness around the waist—Eup.-perf.

Sensation of weight in the stomach—Aloes, asc.-tub., bapt.-tinct., cact.-grand., cimicif., hyd., lith.-carb., rumex, xan.

Sensation as if the walls of the stomach were greatly thickened—Aes.-hip.

Sensat[illegible] stomach would fall down into the intestines-

Sensation of internal tremor in the stomach—Cimicif.

Sensation in stomach as of something alive—Sang.-can.

Sensation in stomach as of something that ought to come up—Eup.-perf.

Sensation as if the stomach would burst while laughing —Asc.-tub.

Sensation as if the stomach was drawn tightly against the spinal column—Verat.-vir.

Sensation of heat rising from the stomach into the œsophagus—Trill.-pen.

The constrictive pain is increased by warm drinks, which seem to go under the pain—Verat.-vir.

ABDOMEN.

Epigastric region—Aes.-hip., aloes, apoc.-can., bapt.-tinct., cimicif., collin.-can., dios.-vil., eup.-perf., gelsm., hyd., iris, lach.-tincto., lept., lith.-carb., phytol., sang.-can., tell., verat..vir.

Umbilical region—Aes.-hip., aloes, bapt.-tinct., cact.-grand., cimicif., cist.-can., corn.-cir., dios.-vil., gelsm., hyd., iris, lept., phytol., pod.-pel., rumex, verat.-vir.

Hypochondriac region—Aes.-hip., aloes, apoc.-andr., asc.-tub., bapt.-tinct., cimicif., cist.-can., corn.-cir., dios.-vil., eup.-perf., gelsm., iris, lach.-tincto., lept., murex, phytol., pod.-pel., stict.-pul., sang.-can., xan.

Right hypochondriac—Aes.-hip., aloes, apoc.-andr., asc.-tub., bapt.-tinct., caul., dios.-vil., eup.-perf., iris, lach.-tincto., lept., murex, phytol., pod.-pel., stict.-pul., verat.-vir., xan.

Left hypochondriac—Aes.-hip., aloes, asc.-tub., cimicif., cist.-can., corn.-cir., eup.-perf., gelsm., lept., phytol. pod.-pel., rumex, stict.-pul., sang.-can.

Inguinal region—Aes.-hip., aloes, gelsm., lept., lith.-carb., phytol., pod.-pel., xan.

Abdomen, acute pain in—Aes.-hip., aloes, bapt.-tinct., cact.-grand., caul., cimicif., collin.-can., corn.-cir., dios.-vil.

gelsm., hyd., lept., lith.-carb., murex, phytol., pod.-pel., sang.-can., verat.-vir.

Abdomen, aching pain in—Aes.-hip., aloes, bapt.-tinct., dios.-vil., eup.-perf., gelsm., hyd., lept., phytol., rumex, stict.-pul., tell., verat.-vir.

Abdomen, bruised (or sore) pain in—Aloes, cist.-can., sang.-can., xan.

Abdomen, burning pain in—Aes.-hip., aloes, asc.-tub., bapt.-tinct., cact.-grand., caul., corn.-cir., erig.-can., hyd., iris, lach.-tincto., lept., phytol., pod.-pel.

Abdomen, boring (digging) pain—Aloes, phytol., sang.-can.

Abdomen, constant pain—Bapt.-tinct., dios.-vil., hyd., lept., phytol., sang.-can.

Abdomen, cutting pain in—Aes.-hip., aloes, cimicif., dios.-vil., gelsm., iris, hyd., lach.-tincto., lept., phytol., pod.-pel., sang.-can., verat.-vir.

Abdomen, crawling in—Aloes.

Abdomen, colicky pains—Aes.-hip., aloes, apoc.-can., asc.-tub., bapt.-tinct., cact.-grand., caul., cimicif., collin.-can., corn.-cir., dios.-vil., gelsm., hel., hyd., iris, lach.-tincto., murex, nupr., phytol., pod.-pel., rumex, sang.-can., tell., xan.

Abdomen, drawing pain—Aes.-hip., aloes, bapt.-tinct., corn.-cir., dios.-vil., sang.-can., verat.-vir.

Abdomen, distension of—Aes.-glab., æs.-hip., aloes, apoc.-can., bapt.-tinct., caul., collin.-can., corn.-cir., gelsm., iris, lept., lith.-carb., pod.-pel., rumex, stict.-pul., xan.

Abdomen, eruption—(See Skin.)

Abdomen, flying pains in—Aes. hip., bapt. tinct., cact.-grand., cimicif., verat. vir.

Abdomen, flatulence—Aloes, apoc. can., asc. tub., bapt.-tinct., caul., cimicif., cist. can., collin. can., gelsm., lach.-tincto., lept., nupr., phytol., pod. pel., rumex, sang.can., tell.

Abdomen, faint feeling—Cimicif., corn.cir., gelsm., hyd., lach. tincto., lept.

Abdom[illegible] pain—(See colicky pain.)

Abdomen, hard—Aloes, rumex.

Abdomen, heat in—Aes. hip., aloes, asc. tub., bapt.-tinct., cact. grand., caul., corn. cir., erig. can., hyd., iris, lach. tincto., lept., phytol., pod. pel.

Abdomen, itching—(See Skin.)

Abdomen, pressing pain—Aes.hip., aloes, cimicif., corn.-cir., lith. carb., phytol., tell.

Abdomen, palpitation of muscles—Gelsm.

Abdomen, pulsation of the cœliac artery—Cact. grand.

Abdomen, rumbling in—Aes. hip., aloes, asc.tub., bapt.-tinct., cact. grand., caul., cimicif., collin. can., corn. cir., gelsm., hel., hyd., iris, lach. tincto., lept., phytol., pod.pel., rumex, verat. vir., xan.

Abdomen, stitches in—Aes. hip., aloes, lith. carb., pod.-pel.

Abdomen, soreness of muscles—Bapt. tinct., cimicif., hyd.

Abdomen, tenderness on pressure—Asc. tub., aloes, bapt. tinct., caul., gelsm., phytol., xan.

Abdomen, transient pain—Aloes, phytol.

Abdomen, throbbing in—Aloes, asc. tub., sang. can., tell.

Abdomen, twisting pain in—Aloes, cimicif., pod. pel.

Abdomen, uneasiness in—Aloes, apoc. can., cact. grand., cist. can., corn. cir., gelsm., lept., murex.

Ascending colon—Pod. pel.

Descending colon—Aloes.

Transverse colon—Aloes, gelsm., pod. pel.

Vernicular motion in the colon—Lept.

Sensation as if a serpent was twisting around in the bowels—Cact. grand.

Sensation of emptiness in the bowels—Corn. cir., nupr., pod. pel.

Sensation of coolness in the alimentary canal—Cist.can., Lept.

Sensation as if the belly would drop—Asc. tub.

Sensation as if hot water poured itself from the breas into the abdomen—Sang. can.

gelsm., hyd., lept., lith.-carb., murex, phytol., pod.-pel., sang.-can., verat.-vir.

Abdomen, aching pain in—Aes.-hip., aloes, bapt.-tinct., dios.-vil., eup.-perf., gelsm., hyd., lept., phytol., rumex, stict.-pul., tell., verat.-vir.

Abdomen, bruised (or sore) pain in—Aloes, cist.-can., sang.-can., xan.

Abdomen, burning pain in—Aes.-hip., aloes, asc.-tub., bapt.-tinct., cact.-grand., caul., corn.-cir., erig.-can., hyd., iris, lach.-tincto., lept., phytol., pod.-pel.

Abdomen, boring (digging) pain—Aloes, phytol., sang.-can.

Abdomen, constant pain—Bapt.-tinct., dios.-vil., hyd., lept., phytol., sang.-can.

Abdomen, cutting pain in—Aes:-hip., aloes, cimicif., dios.-vil., gelsm., iris, hyd., lach.-tincto., lept., phytol., pod.-pel., sang.-can., verat.-vir.

Abdomen, crawling in—Aloes.

Abdomen, colicky pains—Aes.-hip., aloes, apoc.-can., asc.-tub., bapt.-tinct., cact.-grand., caul., cimicif., collin.-can., corn.-cir., dios.-vil., gelsm., hel., hyd., iris, lach.-tincto., murex, nupr., phytol., pod.-pel., rumex, sang.-can., tell., xan.

Abdomen, drawing pain—Aes.-hip., aloes, bapt.-tinct., corn.-cir., dios.-vil., sang.-can., verat.-vir.

Abdomen, distension of—Aes.-glab., æs.-hip., aloes, apoc.-can., bapt.-tinct., caul., collin.-can., corn.-cir., gelsm., iris, lept., lith.-carb., pod.-pel., rumex, stict.-pul., xan.

Abdomen, eruption—(See Skin.)

Abdomen, flying pains in—Aes. hip., bapt. tinct., cact.-grand., cimicif., verat. vir.

Abdomen, flatulence—Aloes, apoc. can., asc. tub., bapt.-tinct., caul., cimicif., cist. can., collin. can., gelsm., lach tincto., lept., nupr., phytol., pod. pel., rumex, sang.can., 1

Abdomen, faint feeling—Cimicif., corn.cir., gelsm., l lach. tincto., lept.

Abdomen, griping pain—(See colicky pain.)

Abdomen, hard—Aloes, rumex.

Abdomen, heat in—Aes. hip., aloes, asc. tub., bapt. tinct., cact. grand., caul., corn. cir., orig. can., hyd., iris, lach. tincto., lept., phytol., pod. pel.

Abdomen, itching—(See Skin.)

Abdomen, pressing pain—Aes. hip., aloes, cimicif., corn. cir., lith. carb., phytol., tell.

Abdomen, palpitation of muscles—Gelsm.

Abdomen, pulsation of the cœliac artery—Cact. grand.

Abdomen, rumbling in—Aes. hip., aloes, asc. tub., bapt. tinct., cact. grand., caul., cimicif., collin. can., corn. cir., gelsm., hel., hyd., iris, lach. tincto., lept., phytol., pod. pel., rumex, verat. vir., xan.

Abdomen, stitches in—Aes. hip., aloes, lith. carb., pod. pel.

Abdomen, soreness of muscles—Bapt. tinct., cimicif., hyd.

Abdomen, tenderness on pressure—Asc. tub., aloes, bapt. tinct., caul., gelsm., phytol., xan.

Abdomen, transient pain—Aloes, phytol.

Abdomen, throbbing in—Aloes, asc. tub., sang. can., tell.

Abdomen, twisting pain in—Aloes, cimicif., pod. pel.

Abdomen, uneasiness in—Aloes, apoc. can., cact. grand., cist. can., corn. cir., gelsm., lept., rumex.

Ascending colon—Pod. pel.

Descending colon—Aloes.

Transverse colon—Aloes, gelsm., pod. pel.

Vernicular motion in the colon—Lept.

Sensation as if a serpent was twisting around in the bowels—Cact. grand.

[illegible]ion of emptiness in the bowels—[illegible]

[illegible] of [illegible] in the alimentary canal—[illegible]

[illegible]

[illegible]

[illegible]men—[illegible] can.

ANUS AND STOOLS.

Anus, remedies acting on—Aes. hip., aloes, asc. sy., asc.-ub., cact. grand., collin. can., corn. cir., dios. vil., erig.-can., eup. perf., ham., iris, lith. carb., nupr., phytol., pod. pel., rumex, tell., trill. pen., verat. vir.

Rectum—Aes. hip., aloes, apoc. can., asc. sy., bapt. tinct., cact. grand.. collin. can., corn. cir., dios. vil., erig. can., iris, lach. tincto., lept., lith. carb., murex, nupr., phytol pod. pel., rumex, sang. can., trill. pen., verat. vir.

Perinæum—Aloes, lith. carb., phytol., tell.

Hæmorrhoids—Aes. hip., aloes, bapt. tinct., collin. can., dios. vil., erig. can., ham., pod. pel., sang. can., tell., verat.-vir.

Anus, acute pain in—Aes. hip., cact. grand., corn. cir., lept., nupr.

Anus, burning in—Aloes, corn. cir., collin. can., erig.-can., eup. perf., iris, nupr., pod. pel., tell.

Anus, cutting pain in—Aes. hip., aloes, lept., phytol., verat. vir.

Anus, crawling in—Aloes.

Anus, prolapse of—Dios. vil., iris, pod. pel.

Anus, itching in—Aes. hip., aloes, cact. grand., collin.-can., lith. carb., rumex, tell.

Anus, increased secretion of mucus—Aes. hip., pod.-pel.

Anus, sore feeling—Aes. hip., aloes, asc. sy., pod. pel.

Anus, hæmorrhage from—Aloes, cact. grand., ham., hyd., trill. pen.

Rectum, pressing pain—Aes. hip., aloes, corn. cir., murex, pod. pel.

Rectum, stitches in—Aloes, lach. tincto., nupr.

Eruption—(See Skin.)

Constipation—Aes. glab., aloes, apoc. andr., apoc. can., bapt. tinct., cact. grand., caul., chim., cimicif., collin. can., corn. cir., dios. vil., eup. perf., ham., iris, phytol., pod. pel., murex, rumex, sang. can., tell., trill. pen.

(To be continued.)

[TRANSLATED FOR THE WESTERN HOMŒOPATHIC OBSERVER.]

SUBCUTANEOUS INJECTIONS WITH HOMŒOPATHIC REMEDIES.

BY DR. KAFKA, OF PRAGUE.*

I.—*Cardialgia—Arsenicum.*

The injection of medicinal agents under the skin, has been very favorably received. In obstinate neuralgia, in the various forms of convulsions, in painful affections, complicated with diseases of a constitutional or infectious character,—as for instance, cancer, erosions, indurations, &c.,—subcutaneous injections with Morphium, Opium, Atropin, Chinin, &c., have been employed with the best results.

With a view of testing the action of homœopathic remedies for subcutaneous injections, Dr. K. made his first experiment last year, in a desperate case, the result of which was most surprising.

A lady, with frequent attacks of cardialgia, recovered in 1858 so far, that she was very comfortable if an attack did return, in consequence of carelessness in her diet, &c. In the spring of 1865, she had four children sick with whooping-cough, and removed into the country; of course she manifested much anxiety about her family, and the close attention in nursing the children, and losing much sleep, much reduced her system.

During this time the cardialgia returned, and was more or less severe during the whole summer, the fall, and far into the winter season. None of the remedies indicated gave her any relief. The attacks continued in violence, and were sometimes of from four to five days duration, without intermission. In view of this, and also, since the most carefully selected homœopathic remedies gave no relief, several consultations with the Clinical Professors of the University were held, and under their directions various narcotics and nervines were used. The patient was put on Morphium, commencing with half a grain every two hours, and every second day the dose was increased. It was thought that by increasing the dose, the affected nerves might be deadened; and so, by gradual increase, the patient used three grains in twenty-four hours. The effects were totally negative; the pain was not relieved, and not even narcosis manifested itself. Zincum valeri. was also given, and in increased doses, but with no effect. One

* Allgem. Homœo. Zeitung, Vol. LXXIV., Nos. 14 and 15.

of the Professors recommended Ol. terebinthinæ and Æther sulphur., but it did not agree with the patient, and increased the pain vehemently. After many other remedies were used, all without any benefit, and the patient in her desperation attempted to commit suicide, Dr. K. proposed Chloroform as an anæsthetic, with which remedy the pain was for some time considerably ameliorated. The patient, happy to be in possession of a palliative, made use of it, without the advice of her physicians, whenever the pain appeared. The result was, that for a long time she would use four ounces of Chloroform during twenty-four hours, without any apparent injury to her.

After a while this remedy also lost its effect; upon which Dr. K., with the consent of the Professors, concluded to have recourse to hypodermic injections. Dr. Ott, junior physician to the Commercial Hospital, performed the operation, first with Atropin, then with Morphium, and last with Chinin. The result, after twenty injections, was not favorable; although for a few hours there was narcosis, and a partial relief of pain, yet the attacks were always more intense and of longer duration afterwards.

The patient was already in the highest degree of anæmia, greatly emaciated, countenance sunken, and totally reduced in strength.

On March 10, 1866, Dr. K. met Dr. O. again in relation to another subcutaneous injection. The poor patient laid bent up in her bed, moaning and groaning. She complained of burning and pressure in the stomach and spinal column; there was dryness of the mouth, great thirst and faintness; pulse very small and accelerated; urine considerably diminished. Dr. Kafka proposed Arsenicum, 3d trit., for hypodermic injection, which was at once agreed to, and carried out by Dr. Ott, with great interest. *The result was really magical; after one hour all the above mentioned symptoms had disappeared, the pain entirely gone.* To guard against the return of similar attacks, another injection was made on the next day. *The attacks of pain have not appeared again from that day up to the present time* (March, 1867). The patient soon acquired an appetite, and under a good diet she recovered her health entirely.

II.—*Tetanus—Cicuta.*

On March 23d, 1867, Dr. Kafka was called to see a merchant, about forty years of age, spare, and of weakly constitution. He had been, since the night previous, in

convulsions. The patient had returned from a journey on the morning of the 22d of March, but previous to his journey he had been under considerable excitement, talked much nonsense, &c. In the evening of the 22d of March, he ate his supper with haste, and was suddenly taken with oppression of the chest and difficult deglutition. He ran about in his room, in the greatest anxiety, endeavoring to relieve the spasms of the throat, now with water, then with sugar, or with bread; but the spasmodic deglutition increased from one minute to another, till the patient approached suffocation. An allopathic physician was called, who found the patient with clonic and tonic convulsions. He ordered ice to the head, &c., applied epispastics, and prescribed some mixture containing *Lacoroceranis*. The spasms, however, did not cease. About 3 A. M., the spasms assumed the character of *tetanus*, complicated with *trismus*. As the tetanus still continued at 7 A. M., on the 23d, and all medication became impossible, the attending physician proposed to send the patient to the hospital. The friends, however, opposed this, and Dr. Kafka was called. He found the patient in a dead stupor, with the jaws firmly closed and the body completely stretched. Dr. K. was not able to move the arm, foot, finger or toe of the patient; the neck also was rigid, and the whole body resembled an immovable block. The head was hot, the sunken cheeks red, (circumscribed,) respiration snoring; by every attempt to move one or the other part of the body, the snoring increased. The eyes vacant, pupils contracted, the sensitive faculty suspended; the patient neither felt the piercing of the needle-point, nor the pinching and burning with a heated needle. Pulse full, retarded, 52 per minute; impulse of the heart weaker; abdomen sunken, tense; no urine during the night.

Dr. K. diagnosed *tetanus* as the sequence of *meningitis*, and expressed a doubtful prognosis; and as no medicine could be administered either by the mouth or *per anum*, he proposed a subcutaneous injection of a homœopathic remedy; and at noon he injected Cicuta vir., 2d dil., because the tetanus was developed in consequence of meningitis, with previous convulsions. He took five drops of Cicuta to five drops of tepid water, for an injection. *The effect was splendid.* At one o'clock the nurses noticed already a marked decrease in the rigidity of the parts and of the sopor. At 2 P. M. the patient called for a urinal and for drink; at 3 P. M. he recognized the surrounders, and at 4 P. M. the Doctor found hi-

sitting up in bed and promptly answering all questions. The talking however was yet difficult, and his memory somewhat obtuse. The patient complained of the rough treatment of his nurses, for which he had just cause, since the marks on his arms indicated rough handling; the nurses, however, stated that as the patient made attempts to jump out of the window, they had to use power to hold him. His head was cool, pupils not contracted, cheeks not flushed, pulse 60.

No other medicine was given, as the Doctor did not wish to interrupt the action of the Cicuta. The patient was ordered to take weak broth freely, and discontinue the cold application to the head. The night of the 23d passed sleeplessly, but patient was quiet, which plausible condition continued also the next day. During the night of the 24th, the patient slept two or three hours before midnight, but after that time his head became hot again, delirium set in, scolding his nurses continually, saying they wanted to poison him.

The Doctor found the patient in the same condition the next morning, and prescribed *Bell.* 3d, every hour, and again applied cold water to the head. The day passed somewhat more quietly, but in the night the brain symptoms increased with violence, patient got out of his bed, and fought his nurses. *Stram.* 3d was now given. The patient did not improve under it, and refused to take medicine, imagining in his delirium that we gave him poison. His deportment towards the Doctor and nurses became now most brutal. Under these circumstances, Dr. K. turned the patient into the hands of Dr. F., who makes the treatment of the insane a specialty, and who expressed a doubtful prognosis.

Dr. K. closes his paper as follows:—"Very interesting, in this case, is the speedy action of Cicuta in tetanus, which, notwithstanding the increasing violence of the meningitic symptoms, did not return again. The effect of the subcutaneous injection was so exquisite, that I take the liberty of calling the attention of the homœopathic physician to the superiority of hypodermic injections with homœopathic remedies, and request, at the same time, to report each case, whether favorable or unfavorable in its result, to the homœopathic journals.

CHOREA TREATED BY RICHARDSON'S APPARATUS.

An interesting case in which Chorea was successfully treated by freezing the skin over the spinal cord, has lately been recorded in the *Gazette Hebdomadaire*, and tends to some extent to support the ice theory of Dr. Chapman. A little girl, of about seven years old, was attacked with chorea, and presented herself to Dr. Lubelski, who, having tried in vain the usual tonic and anti-spasmodic remedies, determined to produce "anæsthesia of the spinal cord" by means of ether spray. The instrument used was the variety of Richardson's apparatus employed by dentists, and which has a double nozzle. It was applied to both sides of the spinal cord, and the ether spray was forced upon the surface for about three or four minutes, the operation being twice repeated. The result was that all the abnormal movements ceased, and the natural powers of motion were restored.—[Lancet, March 16, 1867.

The Western Homœopathic Observer.

ST. LOUIS, JULY 15TH, 1867.

Owing to the importance of the deliberations of the American Institute of Homœopathy, it has been deemed advisable to print them entire in this number of the OBSERVER, thereby excluding much valuable matter, which will appear in as rapid succession as the pages of the journal will admit. Among these deferred articles are translations from the foreign journals which are possessed of great interest, such as Kali-chlo. in Diphtheria, Calcarea-carb. in Goitre, and The Artificial Induction of the Milk Secretion.

The Editor would here inform the readers of the OBSERVER, that a most excellent translator will furnish regularly for each number, articles possessed of the highest interest, gleaned from the foreign periodicals.

Contributors may be assured that their communications will appear in the order of their reception.

BOOKS AND JOURNALS RECEIVED.

The United States Medical and Surgical Journal.
Hahnemannian Monthly.
Monthly Homœopathic Review (England).
Medical Investigator.
New England Medical Gazette.
British Journal of Homœopathy.
American Homœopathic Observer.
North American Journal of Homœopathy.
The American Homœopathist.
The Medical News and Library.
The University Journal of Medicine and Surgery.
Pattison on Cancer.

Besides the Announcements of the various Colleges—the receipt of which is hereby acknowledged.

CANADENSE; at least my results, so far, justify me in my belief. For the benefit of all who may be disposed to give this *important remedy the thorough trial which it deserves*, I herewith send report of cases taken from my note-book.

CASE I.—Mr. ———, a young man æt. twenty-one, contracted gonorrhœa 8th October; came to see me on the 12th; had a copius yellow discharge, with a good deal of scalding during micturition, and considerable fever.

℞. Tr. Acorn, Tr. Rad. gtts. iv. in ℥ iv. water a desert spoonful ter die., to be followed two hours after each dose with Tr. Erigeron gtts. vi. inclosed in one of Plantin's Jujube paste capsules.

Oct. 17th. No discharge for three days; continue two days more. Discharge cured.

CASE II.——Ellen, a woman of the town noticed discharge, Oct. 25th. Gave Erigeron 1-10 gtts. xii. ter die.

Oct. 27th. Discharge disappeared; continue two days more. Cured.

CASE III.—Mr. ———, a habitual drinker æt. 43, had coitus, 5th Nov., on the 9th observed discharge with prickling sensation when urinating.

R. Tr. Erigeron gtts. v. ter die.

Nov. 12th, no discharge, but went "on a spree" that day and had a return. 14th, symptoms as follows: Penis swollen and tender; constant and painful urging to urinate; but few drops at a time; copious yellow discharge tinged with blood; pulse 98.

R. Acorn, Rad. 1-10 gtts. v. et. Tr. Erig. gtts. vi; alternate every two hours.

Nov. 19th. Discharge disappeared yesterday. Continue Erigeron two days longer. Cured.

CASE IV.—Mr. ———, a tailor, came to see me 11th Dec. Observed discharge on 6th but no irritation.

R. Tr. Erigeron gtts. v. ter die.

Dec. 16th. Discharge more copious with an itching along the whole course of the urethra. Gave the following injection.

R. Tr. Erigeron gtts. xxx. Alcoholis, ʒ i. Aquae Ros. ʒ xiii.

Dissolved the Erig. in the Alcohol and added the Rose water. A teaspoon to be thrown into the urethra night and morning; at the same time giving Erig. internally.

Dec. 24th. Discharge ceased four days since; continue same treatment two days longer. Cured.

Case V.—Jan. 3d. Mr. ———, æt. 24. Has had gonorhœa four weeks, taking Hydr. Chlor. Mit. and Copaiba the whole time; little irritation, but an intolerable chordee every time he laid down, and a thick greenish yellow discharge.

R. Tr. Erigeron gtts viii. inclosed in a capsule one ter die.

Jan. 7th, much better; chordee entirely gone; there is now a whitish, almost transparent, jelly-like discharge; continue Erigeron as before.

Jan. 15th. Discharge ceased three days since; a little pain and swelling in left testis, for which I gave Pals. 6-10 every four hours.

Jan. 19th. Discharge cured.

Case VI.—Jan. 11th. Mr.———, æt. 32, has been under the care of a Hydropath seven weeks. Discharge ceased in that time twice, the first time for two days, the last for five. Discharge is now enormous and of a thick muco-purulent character, burning and stinging pain in urethra, intolerable erections with an uncontrolable desire for coitus, urine streaked with blood and itching of the tests and glands.

R. Erigeron ℊ gtts. viii. ter die.

Jan. 17th. All the symptoms disappeared except a thin colorless discharge and desire for coit.

R. Opii 2-10 gtts v. Tr. Erigeron gtts iij. alternate ter die.

Jan. 21st. No discharge; continue Erigeron as before. 26th. No return of discharge, notwithstanding he assured

me that he had been drinking beer. Continue as before two days. Cured.

CASE VII.— ———, a girl, æt. 17. Felt irritation Feb. 9th; applied to me on 16th. Burning in vagina, worse when walking; deep angry redness of the labia, acrid yellowish thin discharge much greater during the night, whitish, also secretion from the mammae.

R. Tr. Erigeron gtts iij. ter die.

Also an injection of Soluble Sulphate of Hydrastia grs. 11 to ℥ 1 Aquæ.

Feb. 20th. No discharge—feels well in every respect. Continue two days more. Cured.

CASE VIII.—March 17th. Mr.———, æt. 37. Has had Gonorhœa since 1st. Been treating himself with Ludlam's Specific and Helmbolds Rose Wash, but is no better, in fact thinks he is worse than at first. Has a profuse greenish-yellow discharge, almost unbearable scalding, chordee at night, and viotent tenesmus of the bladder and rectum.

R. Tr. Erigeron gtts vi. Tr. Staphs agria gtts v. In alternation every two hours.

March 22d. All the symptoms much better. No scalding, no chordee and but little tenesmus. Discharge is much less and nearly transparent. Continue.

March 27th. No discharge, no tenesmus. Continue Erig. three days longer. Cured.

CASE IX.—April 29th. Mr.———, æt. 28. Contracted Gonorhœa five years ago. Was under treatment of army surgeons seven months. Has a persistent thin discharge, sometimes barely enough to stain his linen, at other times very profuse. The left testicle is indurated, but painless; says the discharge never left him but three days.

R. Tr. Erigeron gtts vi.

Ter die. Injection same as case IV. ter die.

May 8th. No discharge for five days. Continue injection. For the testicle I prescribed the following:

R. Aur. Chlor. 3-10 grs. ij. Kali. Hyd. 1-10 gtts. viii. Altern.

May 19th. Testicle growing less. Discharge never returned. Continue Aur. et. Kali. June 1st., discharge cured.

I have given above, a brief synopsis of every case, and it will be seen that some of them were "bad ones." The noticeable feature is the short time it takes to control the discharge. Since I have used Erigeron in Gonorrœha, I do not hesitate to pronounce the prognosis, which could never be done with certainty when any of the old remedies were used. *The medicine has never failed me.* Two physicians, however, have told me that they could get no good result from it. They both used the dilutions however, which I regard as nearly, if not quite worthless; at least they have been so in my hands. When the remedy is used rationally (as I think) I am satisfied no one will be disappointed in the results.

Croton Tiglium in Inflammation of the Cæcum.

BY E. B. POTTER, M.D.

TERRE HAUTE, June 25th, 1867.

In speaking or writing of inflamation of the cæcum, one is compelled to draw almost entirely on their own experience or observation. Save in the few quotations given by Dr. Cowley, as published in the United States Medical and Surgical Journal of October last, I do not remember ever to have seen anything in print concerning it. In the translation given by Dr. C. it is spoken of as existing in four different forms or divisions: first, inflamation of the mucous membrane; second, inflamation of all its membranes; third, of the vermiform appendage; and, fourth, the cellular tissue surrounding the cæcum. I cannot see the wisdom of so many divisions or varieties, as they only serve to confuse and render more difficult the selection of a remedy; and as the part occupied by the inflamation is so limited

that at whatever precise point it may originate it soon covers the whole ground if left to take its course. The first symptom which attracts the attention is a sharp cutting pain just above and inward from the crest of the ilium. This pain may remain unchanged from half an hour to several hours; then, usually, rays of pain shoot out, first directly to the umbilicus, then along the line of the colon—then in fan-shaped rays over the whole abdomen; and in two instances, a line direct from the umbilicus to the left nipple. All of these symptoms occur during the first twenty-four hours. On the second day some frontal headache—sometimes extending to the vertex—countenance pinched, tongue coated dark brown, no appetite; indeed, even the smell of food nauseates; spirits depressed and anxious; action of the bowels up to this time natural; from this time mostly constipated, though not always so. As the disease progresses, a low grade of fever sets in, with extreme tenderness, over the whole abdomen, especially over the cæcum. To a physician called in at this time, without knowing the previous history of the case, it would present at once the idea of a typhoid fever, but on close examination it will be found that there is considerable swelling over the cæcum, pressure upon which aggravates all the other symptoms—position, upon the back, with the knees elevated. After the fifth or sixth day, the pain in the head and weakness is all that is complained of, though the skin is dry and parched; the headache is so severe that delirium is often present, during which fixed ideas are characteristic; as, for instance, in one patient, (a railroad superintendent,) his time-table was constantly on his mind; ask him a question, he would make an effort, as if to answer, and then say, "Get the two ends right, and then divide the time to fit the stations between." I have never had a case to terminate fatally, and I cannot say what other symptoms might present when death was about to take place.

The disease as above described I have many times witnessed; its causes were partaking of indigestible food, ex-

posure to strong cold without sufficient covering to protect the abdomen, riding over hard roads in cold weather, habitual use of cathartics, and last, but not least, over sexual indulgence. The first symptoms of a favorable change are a diminution of the headache, agreeable moisture of the skin, and a returning clearness of the mind. My treatment from the first has been *croton*, (from the first to the third decimal dilution,) from one to four hours apart, according to the severity of the trouble; and after the fever became settled, then an occasional dose of *baptisia*; and it is my conviction that these two remedies, with the judicious use of warm water, would greatly relieve, if not cure, the majority of cases. On examining the provings we find: 1st, stitches in the cæcum, or in the region of the sigmoid flexure; 2d, darting sticking pain the in cæcum; 3d, tenderness of the whole abdomen; 4th, darting stitches from the umbilicus upwards; 5th, stitches from the right groin into the pelvis; 6th, nausea; 7th, entire loss of appetite; 8th, cutting on the right side below the stomach and near the hip bone, with tearing in the bowels; 9th, sensitiveness in the region of the stomach to the touch; 10th, stitches in the left breast; 11th, ulceration of the bowels; 12th, dry parched lips; 13th, dryness of the mouth, with increased secretion of mucous; 14th, heavy, hollow, and somewhat hoarse speech; 15th, distracted expression of countenance, with glaring, glistening of the eyes; 16th, the gums bleed readily; 17th, stupefying pressure on or under the frontal bone, most violent below the eyebrows, with heaviness in the eyelids or in the orbits, causing a warm sweat to appear on the forehead; 18th, tensive pain in the sinciput, with pressure and stinging; 19th, tearing pain towards the vertex; 20th, excited state of the head; 21st, (cases of poisoning from Hempel's Mat. Med.,) giddy and fell down insensible; 22d, general feeling of malaise; 23d, taken from the Russian Medical Gazette, vol. 3,—a case of constipation which was treated with croton oil without much success,—the patient took, in all, three drops; the constipation was not relieved,

instead of which the following symptoms developed themselves: profuse spitting, nausea, feeling of weakness, violent headache, followed in a few hours by severe pains in the back, in the lumbar region and in the abdomen; the pain was likewise felt in the shoulders, in the small of the back, legs and feet; afterwards pain in the chest, oppressed and painful breathing and febrile symptoms made their appearance; the strength vanished and he became suddenly emaciated, and the skin slightly jaundiced. This seems to be a pretty good resumé of the whole ground gone over. I should like to hear from others on this subject, as it is a trouble of frequent occurrence.

Translated Articles.

CALCAREA CARBONICA IN GOITRE, TUMORS, &c.

BY DR. BOURGEOISE.*

GOITRE.—Case I.

A girl 10 years of age, of florid complexion, delicate muscular development, troubled with rheumatism and diarrhœa, and has aversion to meat. In her seventh year a goitre manifested itself, for which various preparations of iodine and also spongia were used without any effect; on the contrary, the goitre gradually increased. For the past six months she was not subjected to any medical treatment. The swelling is located to the left in front, and is of the size of a pigeon-egg; it is soft, dough-like, painless, moveable, and is traversed by blue veins.

May 16th. Calc. carb., 3 trit. daily one dose for ten days was given.

After one month the appetite had improved, but the swelling shared no material change.

Cal. carb., 6 potency, 6 drops, 200 grains water—a tablespoonfull morning and evening—was now prescribed.

*L'Art Medical, Oct. and Dec., '66. Allgem. Hom. Ztg., vol. 74, Jan. and Feb., '67.

On the third visit, the 10th of July, there was marked improvement; the size of swelling was somewhat diminished, and an otorrhoea of one year's standing has also disappeared.

Cal. carb, 3 trit.

By September the goitre was rapidly diminishing, and towards the close of the year was entirely cured.

CASE II.—Lucia J., 17 years old, of delicate, scrofulous constitution, formerly affected with swelling of the maxillary gland, which suppurated three times, has, since her fifteenth year, the menses every 6 to 8 weeks; at that period a goitre made its appearance. The swelling is soft and painless; increases in size at every menstrual flow; especially if it (menstruation) is too scanty; and then there is also laborious respiration, which is aggravated at nights. Goitre as large as a hen's egg.

Calc. carb., 3 trit; a dose every morning for 12 days was given on 28th of October, 1857.

Three months after.—The menses have appeared more copious; the swelling did not increase during menstruation, and no difficulty in respiration. Cal. carb. 30.

By the latter part of March there was only a dough-like spot left, which was hardly to be noticed. Cal. carb. 200.

Nothing more was heard of the girl.

TUMORS.—TUMOR OF THE KNEE.

A nun, forty-one years of age, has frequent attacks of neuralgia and oppression; menses irregular but sufficient; has *lucorhea*. For about six months she observes on the anterior portion of the right knee a gradually increasing swelling. At present (26th of May) it is the size of a hen's egg, is moveable and circumscribed, tense and slightly fluctuating. The skin appears dark red, traversed by a few blueish veins; little pain on pressure; walking not impeded, but the kneeling down is rather difficult.

Cal. carb., 30 potency, 12 globs in 120 grammes of water; daily two spoonsful.

At the second visit, 14 days after it, the lady mentioned that for the first few days of taking the medicine there had been quite sharp stitches in the knee, and the swelling had grown more tense and warmer; but now it was less in size, less

tense, fluctuation more perceptible, and the skin showed wrinkles. Cal. carb., 200, 12 globs, as before.

Three weeks after, the swelling entirely disappeared. Tne skin over the knee is soft, and not the least sign of effusion. The cure is complete, and at the same time the menses also are regular.

CASE II.—Julia P., aged 36 years, in excellent health, received a blow on the right knee in 1859; the contusion was soon healed, yet a slight swelling remained, which gradually culminated into a *tumor*. On the 10th of September, 1860, the size of the tumor was about as large as one-third of a hen's egg; it is circumscribed, painless and fluctuating; skin is not discolored; walking impeded, and easily fatigued. Cal. carb. 30, 4 drops in 120 gramme of water; daily two table-spoonsful.

September 29th, the swelling was less in size, softer, and evidently receding. Sacch. Lacch.

Two weeks after. The tumor is almost disappeared, the skin relaxed, no fluctuation; and by November the tumor is entirely disappeared.

CASE III.—A youth, 16 years old, fell on his knee in December, 1862. The contusion was treated with leeches, &c., and for a long time it remained swollen. On the 16th of August, 1863, there was upon the right patella a distinctly developed tumor; the swelling was soft, fluctuating, tense, painless, circumscribed; the skin normal, and walking not impeded. Cal. carb. 30, followed by cal. carb. 200, with no change.

September 22d. Cal. carb., 3 trit. daily, one dose for 6 days. After two weeks marked improvement in every respect, and by the end of October the tumor was entirely removed.

In the year of 1866, there is no difference to be noticed between the left and right knee.

TUMOR ON THE FINGERS.

Pastor C., aged 58 years, good constitution, is troubled for some time with gastralgia, and has, for two years past, a small tumor on the phalanx and joint of the middle finger of the right hand. The tumor is soft, moveable, fluctuating, and of the size of a hazel-nut. It is not painful, but hinders the movement of the finger; for the past few months it increased in size. A physician advised the removal of it by surgical operation.

On the 18th of January, 1864, cal. carb. 30, 3 globs, morning and evening, in a little water, for six days, was prescribed. Two months after the patient reported that the tumor was receding during the first ten days of treatment, and disappeared entirely after a few days.

WARTS—OF THE FACE.

CASE I.—A child, aged three years, lymyhatic, pale, muscles soft, has no appetite, bronchial catarrh with mucous, rather incessant cough, a little fever. A Acon. and ipec. were given on the 4th of October, 1864.

The child being better, after three weeks, sulph. 30 and 200 were ordered.

Some little cough, especially towards evening, still prevailed for some little time. Now the treatment was directed for the removal of warts on the forehead and face—14 in number. Thuja 20 was given, and after a month thuja 200, and thuja tincture was applied externally; a few warts disappeared, but new ones would appear.

January 11, 1865. Cal carb. 200 for one week was now given, every morning 6 globs. Cough less, appetite good, stools regular every day, which was formerly never the case.

January 28th. Cal. carb. 30. Six warts disappeared without new ones following.

In February cal. carb. 6. During the following month all warts had disappeared.

CASE II.—Miss B., 24 years of age, too early and too profuse menstruation, has a large number of warts in the face. On the left eye-lid she has seven, on the right eleven and on the forehead six warts. During four months she took cal. carb. in various potencies. The menses became regular and in the third month of the treatment eight warts disappeared, and the others, after drying up, dropped off one after another, so that in five months the patient was entirely free of them.

WARTS ON THE HAND.

A girl, six years old, has on the right hand four warts, not painful. Thuja 30 and 18 was taken for two months, and thuja tincture locally applied, with no perceptible result. But three weeks after the first dose of cal. carb., the largest wart could readily be removed; and during the two or three months' treatment the other three dropped off.

ARTIFICIAL PRODUCTION OF THE MILK SECRETION —KALI JOD.

Dr. Bartschen, jr., coincides with Rausset (in Monatsschrift f. Geluertskunde, vol. 27,) in the administration of kali jod. He has made use of it with the best success in six cases. In all of these cases it was necessary to begin with the treatment on the first day of confinement. His formula is, 1 scruple kali jod. to 6 ounces of water, and a table-spoonful every two hours. In every case the patient took 1 scruple kali jod. during 40 hours, for from seven to ten days. The milk fever was in all cases very mild, and the tumefaction moderate. Nothing but cotton wadding or tow was applied to the breast. The general health of the patients remained good, digestion was most favorable, no inflammation of the breast, and not the least sign of iodine-cachexia was manifested. (Allgom. Hom. Zt'g. vol. 74, Moritstilt, p. 32.

Foreign Correspondence.

PARIS LETTER FROM DR. JNO. T. TEMPLE.

THE HOSPITAL OF LARIBOISIERE.

DEAR DOCTOR:

To-day I made my initiatory visit to the hospitals of Paris, and as a description of what I saw may interest some of your readers, I give it, premising that if the description affords a tithe of the interest to your readers which the inspection gave me, I shall be fully compensated for the time devoted to it. *En passant*, let me assure you, that every hour in Paris may be pleasantly employed in seeing something grand and beautiful.

This hospital was founded in 1794, by the Countess Lariboisiere, whose name it bears. In the Chapel, which constitutes a part of the hospital, is a splendid group of statuary, all of full life size, some of which is said to be a fine likeness of the Countess.

The institution occupies a space of 3,000 feet square, and is laid out as shown by the diagram which I send. The characteristic feature of France, and especially of Paris, is here beautifully illustrated by walks and flowers. Not only are all the vacant grounds between the great wings which extend on either

side, and the great centre itself, but the walls on the inner side, (extending around the oblong square,) two stories high, are adorned by large urns, six feet apart, filled with flowers, blooming and fragrant. Nor does this feature stop here. In every ward which I visited, at one end of the capacious room was a large table or platform, with a statue of the Virgin standing in the midst of flowers of every color, which are spread out before her in all the freshness and beauty of life. On one side of the building a large space is appropriated for the men who are able to walk out and enjoy the air. Long avenues of the horse-chestnut trees, of the same *size* and *height*, form a delightful shade for the poor invalid. On the other side are grounds, laid out in walks bordered with flowers, for the benefit of the women. On the inside of the building, and entirely around the great oblong square, are corridors, paved with marble, stone and tile—the roof varnished, giving a life-like appearance to the ceiling and wall which is very fine, producing the feeling that you are treading the floors of some grand hotel. The view from the corridors on to the square is through glass, transparent as air. In the wards the floors are, as everywhere in France, bare, but polished, waxed, and shining as a newly varnished piece of furniture. The beds are all curtained with white muslin, and covered by white quilts, and perfectly adapted to the comfort of the sick and suffering poor.

In the basement I examined the steam engines for supplying hot water, by which the rooms are warmed when necessary, and for all other purposes in this immense establishment; also for supplying the various wards with cold, pure fresh air, brought from a great height, through immense cylinders, and distributed by machinery to every part of the building, as required, giving to each patient one cubic yard of air per hour, which is accurately measured by an instrument having dials and hands like a clock. The design of this aparatus is most perfectly accomplished. A contemplation of the magnitude of the machinery must be guided by the size of the hospital. There are now in the wards 650 patients.

The kitchen is a perfect model of all that can be desired in the cuisine. The floors, the marble dressers, the cooking utensils, ranges, indeed everything, were polished and so clean as to exclude the idea of there ever having been dirt in the room.

The wards which most attracted my interest were those of the diseases of the womb. In the two wards appropriated to this kind of disease, there was not one vacant bed. The number of beds in a room was thirty-five. Here are all the varied forms of disease of the womb which afflict poor woman—several cases of fibrous tumours which are to be removed by operation, which I shall carefully observe and report. But I am, I fear, tresspassing upon your pages, and must say adieu for the present. In my next I will give you an account of my visit to Mrs. Hahnemann, the venerable Tahr, Bœnninghausen, Teste, and others of the Homœopathic celebrities of Paris.

My direction is 56 Rue de LaFayette. Write me.

Yours truly,

JOHN T. TEMPLE.

Correspondence.

LETTER FROM JOHN FEE, M.D.

MACON, Mo., July 31, 1867.

Ed. of Observer:—You will do a duty to the profession by inserting the enclosed article. I have penned it after mature reflection, as being imperatively necessary and consistent with my professional self-respect.

Yours truly, JOHN FEE.

MACON, Mo, July 31, 1867.

Ed. of Observer:—Some two months since, my attention was called to an article, in the January number of the *Observer*, on the "Excision of the Head of the Humerus, by W.D. Foster, M. D. of Hannibal, Mo.," which, by its concealment of facts, does me injustice. I will not detail a history of the case, but simply state that I overruled the intention of Dr. Foster, to amputate at the shoulder joint, and substituted the "Excision." I then endeavored to show Dr. Foster how to perform the operation; but after he had haggled a little hole into the Deltoid, I took the knife from his hands and performed the operation myself. In the report of the case, I am not alluded to at all, even as an assistant, though other medical gentlemen are mentioned who were mere spectators. *At that time*, Dr. Foster did not know enough of

surgical anatomy to perform the operation of "Excision," and his proficiency (?) as a surgeon may be inferred from a request he made me, when he was contemplating amputation of the shoulder joint, "*to get ready a two-tailed retractor.*" A month since I wrote Dr. Foster, asking corrections, but have received no response. I therefore point him out to the execrations of all medical gentlemen who claim an exclusive property in the products of their own skill and professional learning.

JOHN FEE, M.D.

FRANKLIN'S SCIENCE AND ART OF SURGERY

Part No. 2, of the "Science and Art of Surgery," is now ready for delivery to the holders of the first part. Parts No. 1 and 2 complete volume 1 being a treatise on the "Science or Principles of Surgery;" while parts Nos. 3 and 4, (vol. 2) will be devoted to the consideration of the "Art of Surgery," or as it is more familiarly termed, Operative Surgery.

The author has been compelled, by reasons best known to himself, to change somewhat the original design of this treatise, which is to embrace the subject matter in *two separate and indexed* vols. In conforming to this plan, it is not intended to curtail, but rather enlarge its sphere of usefulness, thus giving to the profession the "Science of Surgery" in one vol., and the "Art" of Operative Surgery in a distinct vol. of itself. Each volume therefore will be perfect in itself and provided with a separate and complete index and table of contents peculiar to the subjects treated therein. In carrying out this plan it has been found necessary to *increase* the number of pages promised in the prospectus, and also its price as a whole.

It is proper that the profession should be apprised of the fact, that every cut in the present volume is *entirely new and engraved especially for this work* which has largely increased the expense of its publication and considering the *limited* number of the edition, the author has been compelled to advance its price to conform to these demands; therefore, the price of Part 2 will be increased to *four* dollars, and the work bound and complete for the Library to *eight* dollars, which it is believed will prove acceptable to the profession generally.

In view of these facts it is hoped that the profession will respond liberally and willingly to sustain a work so long demanded in our literature; as upon its prompt sale, and required pecuniary returns, will necessarily depend the prompt or tardy appearance of the promised "Art" or "Operative Surgery," or second volume.

The material for the second volume is already prepared and ready for the printer, and it is hoped that the profession will respond promptly and cheerfully, that the author may be enabled to publish it without any further delay. The price of the subsequent Parts will be $3 50 each, or $8 00 for the work bound and ready for delivery.

E. C. FRANKLIN, M.D.,
709 *Pine Street, St. Louis.*

The Western Homœopathic Observer.

ST. LOUIS, AUGUST 15TH, 1867.

HOMŒOPATHIC SURGERY.

The want of interest manifested in surgical science, by those professing Homœopathy, has been proverbial. We say "*has been*," because we hope and believe that not only Surgery, but all the collateral branches of medical science, are *now* regarded by many of the best physicians of our school as inseparable from the proper qualifications of the physician. In the earlier days of Homœopathy, the minds of all those interested in its propagation were entirely occupied by the endeavor to spread abroad a new law of cure for disease, to properly understand and prove those medicinal agents which were to produce such a result, to ascertain as far as possible the spheres of action of each drug in the materia medica, and after having so done, to witness the wonderful working of such medicines when applied to Therapeutics. Surgery, especially the operative part of it, was left out in the cold; Surgery was old, and could be and had been practiced for ages; limbs had been amputated, tumors removed, lithotomy performed hundreds and hundreds of times, by as many operators; what had these to do with the *cure* of *disease?* They could be readily left to those of the Old School, possessing a *penchant* for the knife, while the steady and proper application of *Bell.* and *Nux.* and *Merc.* and *Bryo.*, in infinitismal doses, was astonishing the learned and the unlearned, the rich and the poor, wherever Homœopathy was introduced. The public began to obtain the idea that a man when he became a Homœopathist, became a *medicine* man—a symptom hunter, a minute inquirer into pains, where, and when, and how they occurred, when and by what they were aggravated or relieved—and so gradually, the pioneers of our school having neither the time nor the inclination to bestow upon Surgery the study and experience which its proper understanding required, excluded it in a great measure from the arena of Homœopathic literature. In speaking of Surgery, let it be distinctly understood, that we mean Surgery in its proper signification, its broad and scientific basis, its mechanical and operative, as well as its medical aspects. We are well aware, that certain diseases, known as belonging to Medical Surgery, received a share of the attention of Homœopathists, and the records of Tumors dissipated, polypi removed, fistulae cured, wounds healed &c., by means of internal medication can be found in the earlier literature of our school. But this very success, only tended to throw farther in the distance, the other component parts of Surgical Science, until the over-zealous actually believed that in a few years, the knife, the bandages, pulleys, and other mechanical contrivances, would be done away, and Surgery be placed within the category of Medical Therapeutics. These ideas, for aught we know are still held by some of our school; but there are others who do not view the matter in the same light; who are aware that, unfortunately, medicine will never be

able to occupy the same position, or to embrace within its limits, Operative Surgery; and who are of opinion that while Homœopathy has shed its beneficent light upon very many surgical diseases, and by the proper application of its means, has rendered the hazards of surgical performance far less imminent; yet it can never do away with the mechanical and operative portions of the Chirurgeons art.

In the older periodicals it was a rare circumstance to find the record of a surgical operation, and it was years before a work upon the specialty was given to the Homœopathic profession.

Times have changed now for the better. There is scarcely a journal published in the land that does not mention the performance of some surgical operation. The cases requiring surgical interference are not now sent over to the old school. New and important and extensive books are being given to the Profession; and the interest manifested by the classes attending upon our various colleges in surgical details, bears witness to the fact that we are fast approaching the proper point in this department of science.

The ground work upon which Operative Surgery is laid, is Practical Anatomy. The former is almost a dead letter without the latter, and it is with feelings of pleasure we note the fact that all our colleges, both East and West, and our National and State Institutes are giving a prominence to these collateral branches equal to Materia Medica and Therapeutics We desire that the old opprobium in regard to surgery shall be removed from Homœopathy, and that not only among ourselves, but among the people of the United States that the Surgeon professing Homœopathy shall stand on an equal footing with his Allopathic brother. So sure as this is accomplished, our position in the army and navy of the country are secure; and we predict that this day is not far distant.

AN ALLOPATHIC HOSPITAL PLACED IN HOMŒOPATHIC HANDS

We feel assured that all interested in the welfare of Homœopathy, will read with great pleasure the resolutions printed below They are but indications of other changes in high places, which will take place not only in the metropolis, but elsewhere throughout the country. Besides this new field now open for Homœopathic practitioners, there will be an additional inducement to those beginning their professional career to make Homœopathic ophthalmology an especial study; and as there is no organ in the body whose delicate structure and excessive sensibility will so readily respond to the properly chosen Homœopathic medicines, we predict an extended sphere of usefulness to the New York Ophthalmic Hospital.

These resolutions were passed by the Board of Directors of the NEW YORK OPHTHALMIC HOSPITAL, at their regular monthly meeting, held at the Hospital Rooms, on the evening of the 10th June, 1867, as follows:

WHEREAS, We, the Board of Directors of the NEW YORK OPHTHALMIC HOSPITAL. are fully convinced that the Homœopathic system of treating dis-

cases of the eye is more effective in restoring sight, and less painful to patients than the one now in use in this hospital:

Resolved, That there should be in New York City at least one Eye Infirmary in which the principles of Homœopathy may be applied free of charge.

Resolved, That the official duties of the Consulting and Attending Surgeons and Physicians and Apothecary, now practising the Allopathic system in this Hospital, be, and are hereby, discontinued from this date.

Resolved, That the retiring Consulting Surgeons and Physicians of this Hospital are held by this Board in the highest esteem for their personal worth and professional eminence, and that the thanks of this Board are hereby tendered to them for the promptness with which they have ever stood ready to give their advice and aid; and that the thanks of this Board are also tendered to the retiring Attending Surgeons and Physicians for all the useful labors they have performed in connection with the offices they have held as Physicians and Surgeons in this Hospital.

Resolved, That the retiring Consulting and Attending Physicians, Surgeons and Apothecary who are acting in their professional capacity in behalf of this Hospital, be immediately informed, individually, of the discontinuance of their services, and that this information be accompanied to each of the Surgeons and Physicians with a certified copy of the above resolutions.

CLASSIFICATION OF A FEW OF THE 'NEW REMEDIES,'

According to the Parts of the Body Acted Upon.

(*After the Plan of Bonninghausen.*)

BY TEMPLE S. HOYNE, M. D., CHICAGO.

(Continued from page 164.)

Diarrhœa—Æes.-hip., aloes, apoc.-andr., asc.-sy., asc.-tub., bapt.-tinct., caul., cimicif., cist.-can., collin.-can., corn.-cir., dios.-vil., eup.-perf., euphorb., gelsm., hyd., iris, nupr., phytol., pod.-pel., rumex, sang.-can., tell., verat.-vir.

Alternating constipation and diarrhœa — Apoc.-andr., cimicif.. pod.-pel.

Bilious diarrhœa—Aloes, apoc.-andr., apoc.-can., cact.-grand., collin.-can., corn.-cir., dios.-vil., gelsm., phytol., pod.-pel.

Stool, copious—Æs.-hip., aloes, apoc.-andr., asc.-sy., asc.-tub., cact.-grand., caul., cimicif., collin.-can., corn.-cir., euphorb., gelsm., iris, lept., lith.-carb., phytol., pod.-pel.

Stool, scanty—Æs.-hip., aloes, cimicif., corn.-cir., rumex.

Stool, large—Dios.-vil., gelsm.

Stool, small—Aloes, asc.-tub., corn.-cir., hyd., pod.-pel., sang.-can.

Stool, black—Asc.-tub., cact.-grand., dios.-vil., lept., rumex, tell.

Stool, of blood—Aloes, collin.-can., ham., hel., hyd., iris.

Stool, blood-streaked—Aloes, bapt.-tinct., collin.-can.,

Stool, dark—Asc.-sy., bapt.-tinct., caul., corn.-cir., iris, phytol., pod.-pel., rumex, xan.

Stool, dry—Æs.-hip., cact.-grand., caul., cimicif., corn.-cir., dios.-vil., pod.-pel., trill.-pen.

Stool, difficult—Æes.-hip., aloes, lith.-carb., murex.

Stool, first part black, last part white—Æes.-hip., dios.-vil.

Stool, of flotus—Aloes, gelsm., lith.-carb., nupr., phytol, pod.-pel, rumex, sang.-can.

Stool, frequent—Aloes, asc.-sy., corn.-cir., pod.-pel., sang.-can.

Stool, green—Aloes, asc.-tub., corn.-cir., hyd., iris, pod.-pel.

Stool, greyish-yellow—Aloes, cist.-can.

Stool, hard—Æs.-hip., aloes, cact.-grand.,caul., cimicif., corn.-cir., dios.-vil., lept., lith.-carb., phytol., pod.-pel., sang.-can., trill.-pen.

Stool, inability to retain the—Lept.

Stool, knotty—Æes.-hip., tell.

Stool, lumps—Aloes, corn.-cir., iris., lept.-phytol.

Stool, light colored—Collin.-can., dios.-vil., gelsm., hyd.

Stool, loose and soft—Æs.-hip., aloes, asc.-sy., asc.-tub., bapt.-tinct., cact.-grand., caul., cimicif., cist.-can collin.-can., dios.-vil., erig.-can., eup.-perf., gelsm., hyd., iris.,lept., lith.-carb., nupr., phytol., pod.-pel., sang.-can., tell., verat.-vir.

Stool, offensive—Asc.-tub., corn.-cir., iris., lith.-carb., lept., pod.-pel.

Stool, mucous—Aloes, asc.-tub., bapt.-tinct., cact.-grand., collin.-can., iris., lept., phytol., pod.-pel., xan.

Stool, painful—Æs.-hip., aloes, asc.-tub., cact.-grand., pod.-pel.

Stool, painless—Aloes, asc.-sy., caul., gelsm., iris., nupr.

Stool, rice-water—Euphorb.

Stool, slow, leaving a sensation of more to be passed—Aloes, collin.-can., gelsm.

Stool, smelling like rotten eggs—Asc.-tub.

Stool, slimy—Aloes, asc.-tub., corn.-cir., collin.-can., pod.-pel., tell.

Stool, tea-color—Gelsm.

Stool, white—Aloes, asc.-tub., caul., dios.-vil pod.-pel.

Stool, undigested—Aloes, erig.-can., iris., lept., phytol. pod.-pel., sang.-can.

Stool, yellow—Aloes, asc.-sy., asc.-tub., collin.-can., dios.-vil., gelsm., iris., lept., lith.-carb., nupr., pod.-pel.

Stool, watery—Æs.-hip., aloes, apoc.-can., asc.-tub., cact.-grand., [caul., collin.-can., corn.-cir., dios.-vil., eup.-perf., euphorb., iris., lept., pod.-pel., rumex., sang.-can.

Constant desire for stool—Aes.-hip., aloes, asc.-tub., dios.-vil., lept., phytol., sang.-can., verat.-vir.

Desire to remain at stool a long time—Aes.-hip.

Straining at stool—Aes.-hip., aloes, gelsm., phytol.

Tenesmus—Aes.-hip., aloes, asc.-tub., bapt.-tinct., cact.-grand., cimicif., corn.-cir., eup.-perf., hyd., iris., lach.-tincto., pod.-pel., sang.-can., xan.

It is with difficulty he prevents a stool passing with flatus—Aloes.

Expulsion of arcarides—Asc.-sy., asc.-tub.

Fœted flatus—Aes.-hip., aloes, corn.-cir., gelsm., hyd., iris., lach.-tincto., nupr., phytol., rumex., sang.-can., tell.

Dysentery—Aloes, erig.-can., iris.. sang.-can.

Sensation as if the mucous membrane was thickened—Aes.-hip.

Sensation as if the mucous membrane would protrude—Aes.-hip., asc.-tub.

Sensation as if the rectum was filled with small sticks—Aes.-hip.

Sensation as if folds of mucous membrane obstructed the passage—Aes.-hip.

Sensation as if sharp points were sticking in the anus—Aloes, iris., nupr.

Sensation as if the anus was on fire—Iris.

Sensation as of needles in the rectum—Nupr.

Sensation as of a mass in the lower part of the rectum—Sang.-can.

Sensation as if diarrahœa would come on—Aloes, apoc.-can., hel., phytol., rumex.

Sensation (in females) during stool, as if the genital organs would fall out—Pod.-pel.

Sensation at stool as if a stream of fire passed through the abdomen—Asc.-tub.

Sensation as if the bowels would come out—Asc.-tub.

URINARY ORGANS.

Remedies acting upon—Aes.-hip., aloes, apoc.-andr., apoc.-can., arum.-trip., asc.-sy., asc.-tub. bapt.-tinct., cact.-grand., caul., chim., cimicif., cist.-can., collin.-can., corn.-cir., erig.-can., eup.-perf., gelsm., ham., hel., hyd., iris., lith.-carb., lept., murex., nupr., phytol., pod.-pel., rumex., sang.-can., senec.-gracil., tell., trill.-pen., verat.-vir., xan.

Region of bladder—Cact.-grand., caul., chim., corn.-cir., lach.-tincto., lith.-carb., phytol.

Region of kidneys—Aloes, apoc.-can., bapt.-tinct., erig.-can., hel., hyd., lept., lith.-carb., phytol., pod.-pel., tell.

Region of left kidney—Bapt.-tinct.

Region of right kindey—Phytol.

Urine, increased—Aloes, apoc.-andr., apoc.-can., arum.-trip., asc.-sy., bapt.-tinct., cact.-grand., chim., cimicif., collin.-can., erig.-can., eup.-perf., gelsm., hyd., hel., iris., lith.-carb., murex., phytol., rumex., sang.-can., senec.-gracil., tell., verat.-vir., xan.

Urine, diminished—Aes.-hip., aloes, apoc.-can., asc.-sy., bapt.-tinct., cact.-grand., collin.-can., corn.-cir., eup.-perf., ham., lept., lith.-carb., phytol. pod.-pel., tell.

Urine, light colored—Aloes, apoc.-can., arum.-trip., asc.-sy., cact.-grand., caul., cimicif., corn.-cir., erig.-can., hel., rumex., verat.-vir., xan.

MORTUARY REPORT OF THE CITY OF ST. LOUIS, FOR THE FOUR WEEKS ENDING JULY 12TH, 1867.

Abscess of liver	1	Imperfect development	1
Apoplexy	10	Kicked by a horse	1
Asphyxia	1	Meningites	14
Consumption	30	Marasmus	10
Convulsions	33	Measles	3
Chronic rheumatism	2	Morbus brighti	1
Cholera, infantum	28	Myelitis	1
Congestive fever	2	Over dose of laudanum	1
Cholera morbus	6	Old age	1
Carcinoma	3	Pneumonia	28
Congestion of the brain	12	Paralysis	4
Cerebritis	16	Pertussis	9
Debility	23	Placenta gravise	1
Drowned	5	Peritonitis	6
Delirium tremens	4	Premature birth	3
Diarrhœa	19	Remittent fever	2
Dentition	2	Scalded	1
Dysentery	7	Shot—wounds	1
Disease of hip joint	1	Sun-stroke	1
Enteritis	10	Suffocation	1
Epilepsy	2	Scarlatina	3
Encephalitus	1	Still-born	29
Fracture	2	Typhoid fever	14
Gastromalacia	1	Teething	1
Hæmorrhage	7	Trismus narentium	2
Hydrocephalus	3	Children under five years	223
Hepatitis	5		
Hypertrophy of heart	1	Grand total	376
Hyper dropsy	1		

MORTUARY REPORT OF THE CITY OF ST. LOUIS, FOR THE FOUR WEEKS ENDING AUGUST 9TH, 1867.

Ascites	1	Inflammation	12
Atrophia	1	Injury of spine	1
Accident	15	Inanition	1
Apoplexy	2	Lockjaw	11
Bronchitis	6	Marasmus	22
Cholera infantum	96	Meningitis	20
Cholera morbus	42	Measles	6
Consumption	33	Old age	1
Convulsions	60	Over dose laudanum	1
Congestion of brain	10	Over dose strychnine	1
Croup	1	Paralysis	1
Cyanosis	1	Pneumonia	10
Cirrhosis	1	Premature birth	5
Congestion	18	Peritonitis	2
Diphtheria	4	Rheumatism	9
Drowned	2	Summer complaint	24
Debility	35	Scrofula	1
Diarrhœa	32	Scarlatina	7
Dentition	3	Stomatitis	1
Dysentery	24	Sun-stroke	1
Delirium tremens	1	Suffocated	1
Effects of burns	1	Typhoid fever	4
Enteritis	17	Teething	5
Epilepsy	1	Whooping-cough	12
Eclampsia	3	Still born	28
Fever	25	Children under five years	423
Heart disease	6		
Hydrocephalus	12	Grand total	644
Hæmorrhage	4		

THE WESTERN

HOMŒOPATHIC OBSERVER.

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All communications, whether of a business or literary character, must be sent to the Proprietor and Publisher of this paper, No. 306 North Fifth street, between Olive and Locust streets.

Original Articles.

NOTES FROM SURGICAL RECORD.

BY W. D. FOSTER, M. D., HANNIBAL, MO.

AUGUST 11th, 1866.—I was called to see Joseph B., æt. 24, an employee in a planing mill, who had been caught in the belting, drawn under the main shaft, and so severly injured as to be carried out for dead. I found the patient lying on a door, nearly pulseless, unconscious, and apparently in the last pangs of death. The face besmeared with blood from some cuts on the head. A careful examination revealed the following condition of things:—Two long, ugly gashes on the front aspect of the head---one about four inches long terminating at the internal angle of the right eye; the other, of about the same extent, over the temple, terminating near the upper part of the right ear, both extending down to the bone. The force producing the first had also fractured the external table of the os-frontis about two inches in extent. Some other gashes on the posterior

portion of the head, one being very deep, over the occipital protuberance, slightly damaging the cranium. The right humerus shattered for about four inches in the shaft, the limb, by the action of the muscles, being drawn into a very awkward position, reversing the hand and forearm: There was a tumor in the right axillary space as large as a six pound shot; the integuments extensively lacerated over the right side of the chest; the third, fourth and fifth ribs fractured near their middle. Respiration entirely suspended in the right lung. There was also a comminuted fracture of the right femur, a little above its middle, with considerable shortening of the limb; a simple oblique fracture of the left femur in the lower third, with great shortening. Besides these grave injuries, there were several bruises in various other parts of the body. No serious internal injury was discovered except of the right lung, in which respiration, as previously mentioned, was suspended.

Whiskey and water equal parts, in tablespoonful doses, were quickly administered, repeated every fifteen minutes; the limbs temporarily secured in position with pillows, the cuts on the head drawn together and dressed. After six hours, the stimulus produced very feeble reaction, sufficient to justify the removal of the patient to his house, and put him to bed, but not however, to justify any attempt at reduction. I would here observe, that since seeing Dr. Franklin's suggestion in his new work on Surgery, in regard to operating during nature's anæsthesia, the shock, I should be inclined to follow his directions; as I think the suggestion valuable. Although it is opposed to all former teaching on this point, yet it is plausible and worthy of extended trial.

I watched this case carefully to observe signs of returning life, reaction, and not till Monday evening, fifty-six hours after the accident, did I deem it proper to attempt adjusting the fractures. In this operation I was efficiently assisted by Dr. J. W. Nahbersberg, an allopathic physician of this place. The fractured femurs were suspended with the Hodgen Splint. No difficulty was found to exist in keeping

proper extension, as well as retaining the fractured ends in close apposition. (A description of this splint may be found in the St. Louis Medical and Surgical Journal for January and February, 1864). Although this splint was not designed originally for the treatment of such cases, yet I find it to fill all the indications more perfectly than any other I have used.

After a continuous trial and subsequent abandonment of a variety of appliances for supporting the humerus, and arm, (the high grade of inflammation having converted it into a compound fracture), I at last contrived a splint which answered my purpose nicely, a description of which I will furnish at some future time in the *Observer*. Several days elapsed before reaction fully set in, and any hopes of his life were entertained. The fractures were adjusted, merely as a precaution, in case he *should* rally and survive his injuries. At the end of six weeks the bones united, but no indications of such a result were presented in the humerus. During this time the patient was daily visited, and received every attention that could conduce to his ultimate restoration. Subsequently he was visited twice a week, or oftener if necessary. At about this period the dressings became somewhat deranged, by which the right femur became shortened unnecessarily and considerably curved. By a judicious application of pressure to the curvature it was finally almost entirely overcome; but it thereby became necessary to confine the patient to the recumbent position, some weeks longer than would otherwise have been required. A very firm union had taken place in the femurs at the end of twelve weeks, and the patient was placed in a sitting position. He rapidly gained strength and soon was able to get about. The bones of the arm did not finally unite till after the elapse of eight or nine months. In fact some of the gashes did not heal till about the same time. The ulcer resulting from the sloughing following the disappearance of axillary tumor, still remains open. The bones of the arm have united, as observed, but it has neither sensation nor mobility. He has not experienced any sensation in it from

Dr. K. is strongly opposed to cauterization. He says:—"It is really inconceivable how cauterization in diphtheria has become so general with physicians, since this treatment in diphtheria of the eyes has given us such demonstrative evidences, that to-day no oculist will apply caustic or cup. sulph. in that disease."

And again:—"Look upon the effects of the caustic. Examine the throat a few hours after its application; you will find that the inflammation and the swelling of the mucous membrane is not only increased, but the diphtheritic deposit is again formed on the cauterized places, and even to a greater extent. And when we consider the final results of cauterization, it is evident that by it a much larger percentage of cases results in death than without cauterization."

As an external application, he makes use of hot poultices, changing them every twenty minutes. He allows no cold drink, not even water, and the medicine must be warm.

As a diet, he orders milk, beef tea and sugar-water; by no means, he says, must any solid food be allowed, as the act of masticating, and the contact of anything solid with the diseased tissues, would irritate the mucous membrane, and consequently the local symptoms would be intensified.

[Allgem. Hom. Ztg., Vol. 74, Montsblt, p. 15.

MAGNESIA SULPH. IN CHOLERA.

Dr. Behr (*Deutsche Klinik*, '66,) treated 52 cases of cholera with Mag. sulph., of which 27 cases died. He says the RESULT WAS FAVORABLE. [What percentage would be called unfavorable?—TRANSLATOR.] He administers to an adult 10 grs. in powder, four every hour—to children proportionably less. In most of the cases, he continues, the vomiting ceased immediately after the first dose. The diarrhœa, however, was not so readily arrested; but by adding a little Opium to the Magnesia, the effects were also most gratifying.

The action of this remedy, according to Dr. B., is based upon the theory, that as the Magnesia sulph. is taken up by the stomach, oxydation continues, decomposition is checked, the cause of the vomiting removed, and so the anti-diarrhœic action of the Opium is manifested.

It was also observed by Dr. Behr. that Opi. pur., which had been used in many cases in very large doses, effected no such results upon the diarrhœic stools, as the small quantity of Opium, combined with Mag. sulph. He recommends that further experiments with this remedy should be made.

[Allgem. Hom. Ztg., Vol. 74, Montsblt, p. 12.

Foreign Correspondence.

PARIS LETTER FROM DR. JNO. T. TEMPLE.

PARIS, JULY 11, 1867.

MESSRS. EDITORS:—Being the day for Surgical Operations, I attended the Hospital Lariboisere—by invitation, and witnessed the performance of twenty operations on the eye, of various importance, from simple cauterization, to extraction of the lens.

The patients were arranged as we have seen persons at the Postoffice, in a long row, and came in succession. Dr. Cusco, was the operator, and the rapidity of his performance reminded me of my old preceptor, Dr. George McLellan. The entire number of operations occupied only one hour.

After the operations were completed, the Dr. was very kind in showing me the improved Ophthalmoscope, and submitting to my inspection a number of eyes in various stages of disease, which were perfectly exhibited and exceedingly interesting.

Then the Laryngoscope by which I had a perfect view of the diseased condition of the larynx—and then an examination of the ear, by the Ophthalmoscope. These instruments are more perfect in this Hospital, as the doctor informed me, than in any other Hospital of Paris. He also extracted from the fingers of a woman, several small tumors, situated at the joints of the ring and little finger. The operation was performed by making a straight incision, dissecting the skin from the excrescences, and then by a curved scissors removing them—they were of a consistence between bone and cartilage.

In my description of the Hospital, I omitted to mention the bath-room and the arrangement of it, which so admirably cor-

respond with every other department of the institution. Also the Pharmacy, which is very large and very complete—here, they have large vessels filled with the particular kind of vegetable roots, leaves and flowers, from which they wish to extract the active principle by maceration. At the bottom of each vessel, is a faucet from which they draw at pleasure.

I was also shown a small but simple instrument, by which any impurity in the milk, furnished for the Hospital, was instantly detected. In this instrument we have a fine illustration of the progress of chemistry in Paris, and its practical application by means of mechanism to the daily use and benefit of mankind.

Local anæsthesia is used in this Hospital in the same manner as in our own, in all cases where it can be applied. The apparatus used for the purpose, does not differ from that commonly adopted in our country.

A few days ago I received a ticket to visit the Catacombs of Paris, and as there are some facts connected with this great charnel house, which were both interesting and instructive to me, I have thought that they might interest your readers; This immense subterranean cavern of the dead, is said to contain the remains of over 3,000,000 of human beings. There are three points of interest which I will mention, which even in this dark abode of death, emit rays of light to the student of science.

1st, A large platform or table, on which are placed all the sculls which are remarkable for their formation, and also those which bear the marks of disease.

2nd, A very large collection of diseased bones, a patholigical congregation, arranged in strict accordance with all the scientific knowledge which is now possessed.

3rd, Is a mineralogical collection and arrangement of all the strata, of the different quarries in this great abode of bones. How dark and terrible the history of this place. As you go along with your feeble candle-light, by walls of bones carefully piled from floor to ceiling in great layers of long bones three feet high, then sculls two feet, and then long bones again, and sculls is succession, you are led irresistably to a train of thought, sad and gloomy, and you mentally exclaim, alas, poor humanity!

The descent to the catacombs is by a flight of steps consisting

of *ninety*. There are many other things of interest in the catacombs which I cannot mention now, as I may trespass too much on your columns.

I shall go next week to London to attend the Hospitals there, whence I may be able to send you something of interest.

JOHN T. TEMPLE.

The Western Homœopathic Observer.

ST. LOUIS, SEPTEMBER, 1867.

THE BOARD OF HEALTH AND THE CHOLERA.

The important and excellent sanitary regulation adopted by the Board of Health of this city, on the 22d of July, appears to have excited not only very general comment, but in some instances dissatisfaction. In many cases, no doubt, the latter feeling is owing to misapprehension, or from a careless reading of the resolution, which in substance is as follows:

"*Resolved*, That the sale or presentation of *unripe* corn, cucumbers and squashes; of melons and cabbages of all descriptions, ripe or unripe; of *unripe* apples, peaches, pears, plums, cherries, and all *unripe* fruit of whatever name and description, and also of all vegetables that have been already offered during any part of any day previous at *public* sale, (potatoes and tomatoes excepted,) be and are hereby prohibited within the city limits until the first day of October next."

Could there be a more wise and sensible resolution, even in time when no pestilence was threatened or expected? *Green* corn, *green* cucumbers, *green* squashes, and all unripe fruit, are not necessary to the health of the human family; on the contrary, not only experience, but the great laws of nature teach, that these are not fitted for the use of mankind, were not intended to be eaten, and are necessarily very prejudicial to health. They are not in a fit condition to be digested or assimilated by the stomach and intestines; when taken, they remain unacted upon by the juices, and prove a source of great irritation to the mucous coatings of the intestinal tract, and will necessarily produce disease. We sincerely trust that this portion of the resolution will remain in force, for *other* seasons, as a preservation of the health of the city. The two articles prohibited are melons and cabbages. It is well known that the melons which are exposed for sale, either at the fruit stores or upon the market stalls, are in the majority of instances many hours, not to say days old. That watermelons now offered for sale in the city are brought from a considerable distance, and that even when fresh, at times they are injudiciously eaten, particularly by the poorer classes—that is, they are eaten off close to the rind, which at all seasons is known to be unhealthy. Therefore the order of the Board of Health simply restricts melons and cab-

bage, *stale* and *unripe* vegetables and fruit. Moreover, the majority of hucksters who traffic in these articles generally purchase them by the quantity, and they are peddled about the streets in wagons, exposed to the sun, bruised and jolted, and are sold at reduced rates to the poorer classes in the less fashionable quarters of the city. Understanding the resolution of our Board of Health in this manner, and knowing how prejudicial to the health of the city will be the sale of all UNRIPE and STALE vegetables and fruit; being fully impressed with the great necessity of preventing the *first* outbreak of the cholera, and of the rapidity with which it is likely to spread throughout the city after the disease becomes established, and bearing in mind the terrible mortality of the visitation of last summer, we would most heartily endorse the resolutions of the Board, considering them to be in the highest degree necessary and an evidence of mature reflection and sound judgment, and believe that the strict enforcement of the resolutions will conduce materially to the health of the city during the fall months, even in the entire absence of cholera, and of *absolute necessity* should the pestilence make its appearance. There can be little doubt that the diminished mortality of this season, *thus far*, is due to the energetic precautionary measures adopted by the Board. We are assured by one of its members, that over 25,000 nuisances have been removed from the city; and when it is remembered that the streets have been and are thoroughly cleansed by the steam engines, that public bath-houses for the poor have been erected, where the luxury of a bath may be obtained gratis, that especial attention has been paid to disinfecting those parts of the suburbs which in all large cities must almost necessarily be in an impure condition; when all these things are borne in mind, too much praise cannot be bestowed upon the efficient manner in which our Board o Health has performed its duty.

For the week ending Aug. 16th, 1867, the total number of deaths were 206. Of these, we find noted 23 of cholera infantum, 45 of cholera morbus 5 of diarrhœa, 13 of dysentery, and 15 of summer complaint—making a tota, mortality from bowel diseases of 101. For the week corresponding during last year, 1866, the number was 916—making, as will be observed, a considerable difference. There is no doubt that among the number of deaths reported as cholera morbus, there were some—perhaps the majority of cases—of true Asiatic cholera. This we state from certain and positive knowledge; and even now, when the death rates are apparently very much decreasing, there exists in the city cholera as *malignant* and *deadly* as that which prevailed during last summer. Therefore it behooves both physicians and those who are aware of these facts, to increase rather than diminish their efforts to procure a continued absence of the scourge. Because the same season in which cholera was most fatal last year has passed over, there is no reason that in the coming month it may not assume the epidemic form; because the heated term has also departed, there is no reason why the pestilence may not rage during the colder seasons; because the number of deaths during this season has materially decreased, there is no reason why sanitary precautions should be relaxed or forgotten. The previous history of cholera teaches us

these facts, and therefore it is not well to rest securely, supposing that the danger has passed over. It may have done so, but as yet there is no positive or continued proof of it, and until certain immunity can be positively asserted, we trust both the Board of Health and physicians in general will continue the praiseworthy undertaking of *prevention*—which is certainly better than cure.

PRIZES OF THE WESTERN INSTITUTE OF HOMŒOPATHY

The following prizes are offered to all Homœopathic physicians:

Dr. Franklin, $100 for the best essay on the diseases of the bones, and their Homœopathic treatment.

Dr. Ludlam, $100 for the best treatise upon the pathology and treatment of dysmenorrhœa.

Dr. Eggert, of Indianapolis, (who was the first to offer such inducements for well written, carefully digested, and thoroughly practical papers), offers $100 for the best monograph on nasal catarrh and its Homœopathic treatment.

Dr. Helmuth, $100 for the best paper on Syphilis and its Homœopathic treatment.

Each of the gentlemen who have thus seen fit to stimulate the exertions of the profession—not so much by the actual pecuniary reward, as by the honor which may accrue to the successful essayist—has the privilege of appointing his own committee of examination. This committee will carefully and conscientiously peruse the documents that may be entrusted to them, and will report in accordance with the statements of each. In order to secure strict impartiality, the name of the writer *must not appear in any portion of the essay*, but must be written upon a slip of paper enclosed in a sealed envelope, upon which envelope must be endorsed the title of the paper. After the decision of the committee, the envelope bearing the title of the essay which is found to be worthy of the prize, is opened, and then and not until then will the committee on any article be aware of the name of the physician who is the successful candidate.

It is very necessary that these papers should be produced at as early a day as possible, and they should *all* be handed in to those offering the prizes, before the 1st day of March, that sufficient time may be allowed for careful reading and appropriate decisions.

Dr. Hale's Prizes for the Provings of Ptelea Trifoliata.

1st, Fifty Dollars for the best *pathological proving* on dogs or rabbits; said proving to be continued, in each case, not less than a week; to be made with massive doses of the tincture, or Ptelein; and to consist of all the symptons observed during the life of the animal; a record of the pathological or normal examination of the diseased organ or tissue, and any abnormal secretion or pruodct.

2nd, Ten Dollars, or a copy of *New Remedies* (2d edition), for the best

physiological proving; made with the mother tincture and the 6th dilution; each experiment to extend through the period of one week or more; with record of all the symptoms, and, if possible, the microscopical and clinical analysis of the urine, fæces, and other discharges.

3rd, Five Dollars, or a copy of *Treatise on Abortion*, and the *Observer* for one year, for the next best proving made above.

Each prover will be presented with a copy of the *Monograph on Ptelea*, when published. *All provings must be sent before January 1st*, 1868.

E. M. HALE.

NOTES.

Death has been busy among the distinguished of the profession. On the 23d of June, Prof. Trousseau died of cancer of the stomach. On the 13th of the same month, at the age of 75 years, M. Civiale, the celebrated lithotrist, departed this life.

M. Follin, President of the *Societe de Cheringie*, at Paris, aged 44 years, died on May 21st, from heart disease.

Dr. Jno. Mason Warren, the renowned American Surgeon, died of cancerous disease of the caecum, complicated with intussusception, on Aug. 19th, 1867. His age was 56 years.

Sir William Lawrence expired at his residence in London, on July 5th, aged 83 years; his disease was paralysis.

Prof. Otto Weber, Prosessor of Surgery in the University of Heidleberg, fell a victim to his enthusiastic love of his profession. He was performing tracheotomy upon a diphtheritic person, when the canula becoming obstructed, he attempted to clear it by suction; he failed in this, and two of his assistants attempted it, all of whom died in a short time.

Dr. James Jackson, of Boston, aged 89 years, died on the 27th of August.

M. Pelonz, the French Chemist, is also reported dead; and also, sad to relate, the renowned and venerable *Velpeau*.

LETTER FROM DR. E. M. HALE.

CHICAGO, Aug. 29, 1867.

H. C. G. LUYTIES:

DEAR SIR:—Permit me to commend the appearance and material of the *Western Observer*. The August number, particularly, was filled with much valuable matter. The article on Erigeron is of much clinical value. Dr. Hoyne's "Classification of New Remedies" is also a most valuable contribution to Homœopathic literature. It will, when finished, make a reliable repertory for the new remedies. Dr. Hoyne has rare powers of discrimination, and he ought to prepare *comparisons* of the new remedies, after the manner of Gross, upon whose method he could doubtless improve.

Yours, very sincerely, E. M. HALE.

A REVIEW of Dr. Guernsey's *Obstetrics* may be expected in our next, from the pen of Prof. Walker—than whom no man in the profession is more capable of the task. It will be thoroughly done.

JOURNALS AND BOOKS RECEIVED.

Monthly Hom. Review, London.
British Journal of Hom.
New England Med. Gazette.
Hahnemannian Monthly.
American Hom. Observer.
Medical News and Library.
North American Journal of Hom.
The Ohio Med. and Surg. Reporter.
American Homœopathist.
United States Med. and Surg. Jour.
Medical Investigator.
University Jour. of Med. and Surg.
Medical Record.

BOOKS.

An Essay on Recent Improvements in the Treatment of Joint and Spinal Disease.

Neidhard on Diphtheria.

Guernsey's Obstetrics.

Announcement of the St. Louis Dental College.

DR. BARLOW calls our attention to an error in a late number of the *Observer*. Dr. Wells was not chairman of the nominating committee of the Am. Institute of Homœopathy. We believe Dr. Barlow was.

MORTUARY REPORT OF THE CITY OF ST. LOUIS, FOR THE FOUR WEEKS ENDING SEPTEMBER 6TH, 1867.

Accident	6	Inflammation	10
Apoplexy	4	Injuries	3
Atrophia	10	Lockjaw	11
Bronchitis	8	Marasmus	21
Cancer	1	Meningites	30
Cholera, infantum	82	Old age	1
Cholera morbus	163	Over dose of morphia	1
Congestion	33	Pneumonia	5
Consumption	30	Premature birth	8
Convulsions	51	Peritonitis	1
Cyanosis	1	Rheumatism	1
Croup	2	Shot—wound	1
Debility	26	Summer complaint	45
Delirium tremens	1	Sun-stroke	3
Diarrhœa	45	Suicide	6
Diphtheria	3	Scorbutes	1
Dropsy	7	Scarlatina	1
Dysentery	35	Scrofula	2
Dentition	2	Still-born	34
Enteritis	8	Tuberculosis	2
Epilepsy	1	Teething	5
Fever	56	Whooping Cough	5
Heart disease	7		
Hepatitis	3	Grand total	805
Hydrocephalus	11	Children under five years	392
Hæmorrhage	2		

A CLASSIFICATION OF THE MATERIA-MEDICA UPON A PHYSIOLOGICO-PATHOLOGICAL AND PATHOGENETIC BASIS.

BY W. H. BURT, M.D., OF LINCOLN, ILLS.

If we could arrange in groups all the remedies with which we are acquainted, upon a physiologico-pathological basis, we would then have a Materia Medica approaching perfection, but I regret to say, that, in the present state of our knowledge of the effects of remedies upon the human organism, such an arrangement is impossible. Before we can classify our remedies in proper and scientific groups, we must know their joint pathogenetic and physio-pathological effects upon men and animals. The Materia Medica of Dr. Teste is the only work where an attempt has been made to classify our remedies, but he having classified them upon a pathogenetic, instead of a physiologico-pathological and pathogenetic basis, his classification is extremely faulty and unreliable. Shall we, because a perfect classification is impossible, not try to group them in a more perfect form? Let us follow his example, and every attempt to arrange our Materia Medica in analogous groups will bring us one step nearer to a perfect knowlege of our remedies. As an aid to the new beginner in the study of our Materia Medica, I will attempt to classify the remedies in groups, according to the tissues and organs they affect, following the general arrangement of our Materia Medica. In such a classification the same remedy will have to be mentioned a number of times, but the great desideratum is to know what remedies have the greatest therapeutic effect upon the tissue or organ diseased. With these few remarks, I will commence at once with the grouping, knowing that some of the remedies, for want of better provings, will not be placed in their proper group, but time will place them as they should be.

INFLAMMATORY GROUP.

Aconitum napellus, veratrum viride, bryonia, rhus vernix, gelseminum, digitalis, veratrum alb., cimicifuga, castus g., colchicum tartar-emetic, arnica m.

RHEUMATIC GROUP.

Aconitum napellus, bryonia, rhus rad., rhus tox., rhus vernix, cimicifuga, phytolacca, colchicum, sulphur, hydriodite of potassa, mercury, stillingia, caulophyllum, dioscorea, pulsatilla, nux v., mezereum, chamomilla, cactus, polyporus pinicola t., propylamine.

MALARIAL GROUP.

China and its alcoloid quinine, arsenicum, polypori, ipecac, ostryna, nux v., gelseminum, apis m., eupatorium per., cedron, chanchilagua, sulphur, natrum mur., carbo veg., web of the spider, capsicum, ptelea.

ZYMOTIC GROUP.

Camphor, bromine, chlorine, sulphur, arsenicum, lachesis, crotalus hor., secale cor., cuprum, baptisia, bryonia, rhus tox., rhus rad., rhus vernix, mercury in its various forms, belladonna, hyosciamus, stramonium, opium, zizia aurea, muriatic acid, nitric acid, phosphoric acid, sulphuric acid, phosphorus, carbo veg., veratrum alb., potassa in its various forms, phytolacca, tartar-emetic, cantharis, ammonia carb., gymnocladus, carbolic acid, guaiacum.

PARASITIC GROUP.

Cina and its alcoloid santonine, terebintha, chenopodium, spigelia, aspidium, mercury, sulphur, calcaria, diospyrus, cucurbita-pepo, kousso, felix mass, camphor, dolichos-pruriens, iodine, natrum mur., potassa.

CEREBRAL GROUP.

Belladonna, opium, hyosciamus, stramonium, aethusa, chloroform, glonoine, hydrocyanic acid, agaricus, alcohol, gelseminum, camphora, cannabis ind., zizia aurea, lachnanthes, veratrum viride, aconitum napellus, coffea, cuprum, veratrum alb., gymnocladus can., ether.

GLANDULAR GROUP.

Mercury in its various forms, iodine, sulphur, bromine, phytolacca, ustilago madis, iris v., potassa, arsenicum, podophyllum, ammonia mur., conium, cistus can., stillingia, baryta carbonica, juglans cin., nitric acid, oxalic acid, muriatic acid, sanguinaria, apis m., belladonna, hamamelis, croton tig., leptandria, graphites, hepar sul., aurum, myrica, hydrastia, fucus vesciculosus, polypori.

ANÆMIC GROUP.

Ferrum, manganese, phosphoric acid, sulphur, china, citrate of iron and strychnine, natrum muriaticum, hydrastia, helonais, nux v., aletris, calcaria, arsenicum, apis m., pulsatilla, zinc.

EMETIC GROUP.

Tartar-emetic, antimonium crud., arsenicum, ipecac, lobelia, veratrum viride, veratrum alb., kali bichromicum, phytolacca, sanguinária, robinia pseudo-acacia, euphorbia, sulphate of zinc, acetate of copper, scilla, sinapis, yellow sulphate of mercury.

CATHARTIC GROUP.

Mercury, podophyllum, leptandria, iris v., collinsonia, aloes soc., colocynth, elaterium, jalapa, rheum, croton tig., oleum ricini, magnesia sulph., scammonium, potassa bitartras, euphorbia, juglans, cuprum m., veratrum alb., arsenicum.

ASTRINGENT GROUP.

Argentum nit., tanic acid, sulphuric acid, sulphate of copper, ferrum chloride, alumina, plumbum, sulphate of zinc, hamamelis, erechthites, frasera, erigeron, geranium, rhus glab., trillium, cerasus, lycopos, kreosote, lycoperdon.

SEXUAL GROUP OF MAN.

Mercury, iodine, ustilago madis, pulsatilla, hamamelis, nux v., phosphoric acid, bromide of potassa, gelseminum, spongia, conium, belladonna, bromine, iris v., aurum, camphora, china, clematis, capsicum, caladium, cantharis, coffea, agnus castus, nuphar lutea, sulphur, cimice (chinch bug). [The medicinal properties of this bug affect the sexual organs similar to capsicum.]

OVARIAN GROUP.

Ustilago madis, iodine, mercury, belladonna, hamamelis, bromine, bromide of potassa, apis m., ergot, sepia, electricity, zincum val., asafœtida, scutellaria, valerian, cocculus, colocynthis, phytolacca, chimaphila.

UTERINE GROUP.

Secale, electricity, belladonna, pulsatilla, sabina, ustilago-madis, gossipium, cimicifuga, caulophyllum, cinnamon, thalaspi, millefolium, hamamelis, tanacetum, gelseminum, nux v., cocculus,

ignatia, sulphur, mercury, bromide of potassa, iodine, sepia, cantharis, apis, copaiba, crocus, chimaphila, calcaria, trillium.

HYSTERICAL GROUP.

Asafœtida, scutellaria, valerian, moschus, ambra-grisea, platina, gelseminum, cocculus, nux m., ignatia, nympha-oderata, lactuca virosa, angustura, chamomilla, coffea, secale, cypripedium, hyosciamus, agaricus, cimicifuga, caulophyllum, belladonna, hamamelis, mercury, sulphur, pulsatilla, draconicum.

DERMOID GROUP.

Sulphur, mercury, hepar sul., potassa in its various forms, iodine, iris v., cistus c., phytolacca, rumex crispus, silicea, hydrastia, sanguinaria, aconitum, rhus v., rhus t., rhus r., bryonia, croton t., tartar emetic, stillingia, pulsatilla, juglans, veratrum v., arsenicum, belladonna, apis m., arnica, urtica urens, calcaria, aloes soc., graphites, lycopodium, saracenia, electricity.

ORBITAL GROUP.

Aconite, belladonna, euphrasia, pulsatilla, hydrastia, arnica, cimicifuga, bryonia, phytolacca, mercury, sulphur, hepar sul., rhus v. rhus t., causticum, phosphorus, silicea, colocynthis, arsenicum, calendula, dulcamara, copaiba.

AURAL GROUP.

Aconite, pulsatilla, belladonna, rhus v., rhus t., rhus r., apis m. arnica, lachesis, hydrastia, kali hyd. chlo., quinine sulphus, mercury, sulphur, calcaria, phosphorus, causticum, graphites, bryonia, calendula.

CARDIAC GROUP.

Veratrum viride, aconitum n., cactus g., gelseminum, digitalis, cimicifuga, bryonia, rhus v., rhus t., rhus r., colchicum, arsenicum, laurocerasus, spigelia, belladonna, bromide of potash, hydriodide of potash, mercury, asclepias, ammonia, anacardium, conium, lobelia, tobacco, aurum, calcaria, zincum val., alcohol, stramonium, opium, nux v., collinsonia, antimony, sulphur, coffea, ferrum, china, cantharis, iodine, apis m., hellebor, lachesis, musk, lycopos, asafœtida, pulsatilla, robinia, kalmia-latifolia, arnica, cannabis.

DISINFECTANT GROUP.

Chlorine, chloride of zinc, chloride of lime, chloride of potassa, chloride of soda, ozone, bromine and its compounds, iodine, sulphur, champhor, coffea, carbolic acid, sulphate of iron, amonia, smoke, tar, volatile oils, vapors of vinegar, chlorohydric acid gas, &c.

The most effective agent known for rapid disinfection and deodorization is chlorine.

The best agent known for steady and continuous disinfection, is ozone.

The solid iodine exposed to the air, is the best in the absence of ozone. To deodorize and disinfect fluid and semi-fluid substances undergoing decomposition, the tincture of iodine is the best known agent.

To disinfect and deodorize solid bodies that can not be destroyed, powdered chloride of zinc or sulphate of zinc, with saw-dust is the best. Carbolic acid and saw-dust ranks next in in order, and next to this is wood ashes.

To deodorize and disinfect clothing, expose the articles to heat at 212° fahr.

To deodorize and disinfect substances that can be destroyed, the true method is heat to destruction.

Free ventilation and an even temperature should always be required for the sick-room.

One of the best ways known to deodorize a sick-room, is by the use of Kraut's improved medical vaporiser.

Any disinfectant that will dissolve in water, can be used in this vaporiser. A room can be filled in a few moments with the vapors of the disinfectant with this instrument.

Disinfection also includes the action of antiseptics, which see.

ANTISEPTIC GROUP.

Arsenicum, chlorine and its compounds, bromine and its compounds, iodine and its compounds, kreosote, corrosive sublimate, muriate of mercury, alcohol, sulphuric acid, nitric acid, oxalic acid, acetic acid, muriatic acid, hydrochloric acid, pyrolig acid, carbolic acid, potassa and its compounds, terebintha, pinus sylvestris, baptisia, carbo veg, capsicum, xanthoxylin, alumina, manganese, zinc, sulphate of quinine, camphor, cedar chips, sulphur, coffea, amonia, volatile oils, tar, rhus t., bryonia, phosphorus, glisorine, molasses, haematoxylon.

ANAESTHETIC GROUP.

Chloroform liquid C_2, H, $Cl._3$, produces anaesthesia with rapid muscular relaxation and insensibility.

Sulphuric ether, liquid, 2 C_4 H_5 Cl. 5 O, S, 2 O. 6. Excitation long. The insensibility is more lengthy than in case of chloroform. Greater muscular relaxation in the last stage.

Hydrochloric ether, liquid, C_4 H_5 Cl. Very volatile and difficult to manage, some claim this to be a powerful anaesthetic, others do not think so highly of it.

Nitrous Oxide, gas, N O. Produces great exhilaration and excitement, and finally loss of consciousness. The pleasurable delirium produced by the Nitrous Oxide is remarkable.

Rhigolene liquid. Used to produce local anæsthesia by freezing.

Mono-chloraretted Chlorid of Ethyl, liquid, C_4 H_4 Cl_2. In action slower than chloroform, causes great muscular rigidity. Its effects pass off slower then Chloroform and it is less volatile.

Nitrate of Ethyl, liquid, C_4 H_5 O N O_6. Very pleasant and easy of respiration and is a powerful and rapid anaesthetic Causes much headache and giddiness.

Bisulphide of Carbon, liquid, C S_2. This is a powerful anæsthetic, but too repulsive in odor.

Amylene, liquid, C_{10} H_{10}. The stage of excitement is short, which is followed by long and incomplete anaesthesia.—There is a constant tendency to muscular convulsion, without the relaxation. Recovery takes place promptly.

Hydrocyanic Acid, liquid, H C_2 N. This is the most powerful anaesthetic known. Produces tetanus convulsions, muscular rigidity and paralysis of the heart. The effects are to rapid and dangerous to be used.

Kerosolene, liquid. This agent produces perfect anaesthesia with a feeble pulse and a rigid state of the muscles. Its effects pass of rapidly.

Tera-Chloride of Carbon, liquid, C Cl_4. Produces 1st. Muscular movement and excitement of tne circulation. 2nd., anaesthesia with arterial contraction. 3rd. Arrest of respiration and circulation, and 4th. tendency to a rigid state of the muscles.

Carbonic Acid, gas, C O_2. When used diluted with air, pro-

duces perfect anaesthesia. The blood becomes black under its influence; when inhalation is suspended, its effects pass off instantly.

Carbonic Oxide, gas, C O. Reddens the blood, causes excessive action of the muscular system, sometimes produces persistent paralysis of motion. Its effects pass off slowly.

Coal Gas, gas, c. and h. in varying proportion. Nunnely has recomended this as a safe anaesthetic, but it has produced dangerous symptoms in animals.

Olefiant Gas, gas, C_4 H_4. Small doses produce sleep, with slight insensibility; larger doses dangerous symptoms; there being no sufficient line of demarcation between these effects, it becomes a dangerous agent.

Fumes of lycoperdum giganteum, vapor, C H N and O. This produces complete anaesthesia, and is perfectly safe. Effects last a long time, and reddens the blood.

Alcohol, liquid, C_4 H_5 O H O. Inhalation in animals produces all signs of anaesthesia. Deep and prolonged insensibility.

Aldehyde, liquid, C_4 H_4 O_2. Causes dyspnoea resembling severe fits of spasmodic asthma, spasm of the throat with cough, much muscular contraction anaesthesia incomplete, even when respiration is stertorous. Its effects pass off rapidly.

Acetone, liquid, C_6 H_6 O_2. Produces bronchial irritation, with dyspnoea. Slight anaesthesia.

Oil of Turpentine, liquid, C_{10} H_{10}. This agent produces anaesthesia, but is too irritant in action. It has produced symptoms of danger in animals.

Bromide of Potassa, salt. This agent produces complete anaesthesia of the larynx and soft palate.

Mesmerism. This agent has been used to produce anaesthesia but is not practical.

Electricity. This agent has also been used as an anaesthetic agent in extracting teeth, but as yet cannot be controlled so as to give satisfaction.

Lactucarium, gelseminum, conium, zinc. The four last mentioned narcotics, in many respects, resemble the action of Chloroform, but their anaesthetic properties are small.

(To be continued.)

CLASSIFICATION OF A FEW OF THE 'NEW REMEDIES,'

According to the Parts of the Body Acted Upon.

(*After the Plan of Bonninghausen.*)

BY TEMPLE S. HOYNE, M. D., CHICAGO.

(Continued from page 191.)

Urine, high colored—Aes.-hip., aloes, bapt.-tinct., chim., collin.-can., corn.-cir., eup.-perf., ham., iris., lith.-carb., tell.

Urine, clear—Aloes, apoc.-andr., chim., eup.-perf., gelsm., hel., lith.-carb., sang.-can., senec.-gracil., tell.

Urine, offensive—Aloes, hyd., iris., lith.-carb., murex.

Urine, bloody—Aloes, asc.-tub., ham., murex, trill.-pen.

Urine, milky—Drig.-can., gelsm.

Urine, acid—Lept. phytol., tell.

Urine, red—Aloes, asc.-tub·, bapt.-tinct., cact.-grand., corn.-cir., ham., iris., lept., lith.-carb., phytol.

Urine, yellow—Aes.-hip., aloes, apoc.-can., lith.-carb.

Urine, passed only once in 24 hours—Eup.-perf.

Urine, passed frequently—Aes.-hip., aloes, apoc.-andr., cact.-grand., cimicif., chim., corn.-cir erig.-can., gelsm., hyd., iris, lith.-carb., murex., phytol., pod.-pel., sang.-can., senec.-gracil., tell.

Urine, passed involuntary—Cact.-grand., pod.-pel.

Urine, passed by drops—Cact.-grand., erig.-can.

Urine, retention of—Cimicif., erig.-can., pod.-pel.

Urination, difficult—Aloes, lith.-carb.

Must run to urinate quickly—Aloes.

Desire to urinate often without result—Cact.-grand.

Constant desire to urinate—Aloes, cact.-grand., chim., rumex.

Frequent nocturnal urination—Aloes, murex, phytol., pod.-pel., sang.-can.

Burning during urination—Aes.-hip., aloes, asc.-sy., bapt.-tinct.,cact.-grand., erig.-can., iris., lith.-carb., tell.

Urging to urinate after voiding—Chim,

Sediment, dark brown—Aes.-hip., lith.-carb., phytol.
Sediment, copious—Nupr.
Sediment, no—Apoc.-can.,
Sediment, red—Cact.-grand., lith.-carb., nupr.
Sediment, white mucous—Aes.-hip., aloes, asc.-tub., chim., erig.-can., lith-carb., murex.
Sediment, whitish clay—Eup.-perf., phytol., pod.-pel.
Sediment, yellowish red—Aloes.
Bladder, neck of—Aloes, cact.-grand., caul. lith.-carb.
Bladder, fullness of—Chim., corn.-cir.
Bladder, pressive pain—Lach.-tincto., lith.-carb.
Complaints, when beginning to urinate—Iris.
Complaints, before urination—Phytol.
Complaints, after urination—Caul., chim.
Complaints, during urination—Aes.-hip., aloes, asc.-sy., bapt.-tinct., cact.-grand., erig.-can., gelsm., iris., lith.-carb., tell.
Agreeable sensation in urethra during micturition—Gelsm.
Gurgling sensation in prostate gland—Phytol.

MALE ORGANS.

Remedies acting on the urethra—Aes.-hip., aloes, asc.-sy., bapt.-tinct., cact.-grand., caul., chim., cimicif., erig.-can. gelsm., ham., hyd., iris., lith.-carb., sang.-can., senec.-gracil.
Testicles—Aloes, cimicif., gelsm., ham., lach.-tincto., lith.-carb., nupr., phytol., pod.-pel., verat.-vir.
Right testis—Aloes, gelsm., nupr.
Left testis—Lach.-tincto., nupr.
Spermatic cord—Cimicif., lith.-carb., pod.-pel.
Right spermatic cord—Cimicif.
Glans penis—Aes.-hip., asc.-sy., asc.-tub., iris., nupr.
Glans penis, ulcerated—Aloes, asc.-tub.
Burning in urethra—Aes.-hip., aloes, asc.-sy., bapt.-tinct., cact.-grand., lith.-carb.
Stitches in urethra—Asc.-tub., cimicif., iris.
Itching in urethra—Aes.-hip., asc.-sy., lith.-carb.

Itching of prepuce—Aloes, aes.-hip., asc.-sy.

Gonorrhœa—Asc.-sy., caul., chim., erig.-can., gelsm., ham., hyd., iris., sang.-can., senec.-gracil.

Gleet—Aloes, chim., collin.-can., erig.-can., gelsm., ham., hyd.

Discharge from the urethra, staining the linen red—Lith.-carb.

Cutting pain in testes—Nupr., pod.-pel.

Dragging pain in testes—Gelsm.

Tenderness of testicles—Aloes, cimicif., ham., verat.-vir.

Scrotum relaxed—Aloes, nupr., phytol.

Scrotum burning—Lach.-tincto.

Scrotum drawn up—Aloes.

Sexual desire increased—Aloes, corn.-cir., tell.

Sexual desire diminished—Nupr., rumex.

Sexual desire lost—Nupr., phytol., rumex., tell.

Sexual desire increased, with loss of power—Corn.-cir.

Erections—Aloes, asc.-tub., corn.-cir., lith.-carb., tell.

Nocturnal emissions—Aloes, hyd., iris., sang.-can.

Emissions without erections—Gelsm.

Spermatorrhœa—Collin.-can., gelsm.

Varicocele—Aloes, collin.-can., ham.

Orchitis—Ham., verat.-vir.

Penis contracted—Nupr.

Penis, throbbing in—Lith.-carb.

Genital organs, coldness of—Aloes, gelsm., iris.

Genital organs, itching of—Aloes, cist.-can., iris lach.-tincto., tell.

Genital organs, sweat of—Aloes, asc.-tub., gelsm., lach., tincto.

Genital organs, ulcers of (see skin.)

FEMALE ORGANS.

Remedies acting on—Aes. hip., aloes, alet. far., apoc.-andr., apoc. can., asc. sy., bapt. tinct., cact. grand., caul., cimicif., cist. can., collin. can., corn. cir., erig. can., eup.-perf., gelsm., goss., ham., hel., hyd., lith. carb., murex, phytol., pod. pel., sang. can., senec. gracil., tell., trill.-pen., verat. vir., xan.

Region of the uterus—Aes. hip., aloes, alet. far., apoc.-andr., apoc. can., asc. sy., bapt. tinct., cact. grand., caul., cimicif., cist. can., collin. can., corn.cir., erig.can., eup.perf., gelsm., goss., ham., hel., hyd., lith. carb., murex, phytol., pod. pel., sang. can., senec. gracil., tell., trill. pen., verat. vir., xan.

Region of ovaries—Cact. grand., pod. pel.

Mammae—Aes. hip., cact. grand., cimicif., cist. can., hel., murex, phytol., tell.

Left breast—Cact. grand., cist. can., murex, tell.

Nipples—Hel., sang. can., tell.

Menorrhagia—Alet. far., aloes, apoc. andr., apoc. can., bapt. tinct., cact. grand., cimicif., erig. can., ham., hel., phytol., tell., sang. can., xan.

Amenorrhœa—Aloes, caul., gelsm., goss., hel., sang.-can., senec. gracil., xan.

Dysmenorrhœa—Cact. grand., caul., collin. can., gelsm., goss., phytol., senec. gracil., verat. vir., xan.

Menstruation, scanty—Cact. grand., erig. can., tell.

Menstruation, suppressed—Cimicif., lith. carb., pod.-pel.

Menstruation, retarded—Lith. carb., murex. pur., pod., pel.

Menstruation, too frequent—Phytol.

Menstruation, premature—Alet. far., aloes, bapt. tinct., cact. grand., caul., cimicif., sang. can., tell., xan.

Menstruation, of black pitchy blood—Cact. grand., sang.-can.

Metrorhagia—Asc. sy., cact. grand., erig. can., ham., hel., phytol., sang. can., trill. pen.

Metrorhagia, bright fresh blood—Ham.

Metrorhagia, pale red blood—Asc. sy.

Metrorhagia, black blood—Cact. grand., sang. can.

Leucorrhœa—Aes. hip., aloes, alet. far., apoc. andr., caul., cimicif., collin. can., gelsm., ham., hel., hyd., phytol., pod. pel., senec. gracil., trill. pen., xan.

Leucorrhœa, white—Gelsm.

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Original Articles.

HELONIN IN DIABETES MELLITUS.

BY E. M. HALE, M. D.

The treatment of saccharine diabetes has been attended with many difficulties in our own, as well as in the opposite, school of medicine.

Those who would like to read a complete and well written essay on this disease, comprising its history, pathology, and treatment, will find such an one in the *British Journal of Homœopathy*, Vol. xxiv, pp 108—253.

In this admirable essay, by Dr. Richard Hughes, the allopathic treatment is given, and its results, which are anything but satisfactory; the hot-air bath, steel, opium, kreosote, and phosphoric acid, being the most useful remedies known to the homœopathic practice. The following medicines have been used and recommended, namely: *Phosphoric Acid, Calcareaphos, Arsenicum, Sodæ Hypophos, Natrum Sulph., Asclepias Vincetoxicum** and Nitrate of Uranium.

*British Journal of Homœopathy, vol. xxiv, p. 162.

Hahnemann recommended *Argentum* and *Scilla*, but as he never analyzed the urine of his person or his patients, he probably did not distinguish between the two kinds of diabetes. Dr. Hughes says he cured a case of diabetes *insipidus* with *Scilla*. Many medicines will cause this disease, while few will cause glycosuria.

It need not be remarked that a remedy to be truly homœopathic to saccharine diabetes must be capable of causing a similar condition.

There are at present known but one remedy that has actually caused glycosuria, this is the *Nitrate* of *Uranium*. This drug has been used by Dr. Hughes, who reports several cases* in which he gave this medicine with excellent results. It has also been used quite extensively by homœopathists in this country. I have found it beneficial in several cases.

There is another remedy lately found curative in glycosuria, namely: *Helonin*, the active principle of the *Helonios Dioica*. This rémedy was first brought to the notice of our school, by myself, several years ago.† Dr. Burr mentions it as having caused "*a larger amount than usual of clear, light-colored urine.*"

From this single symptom, (together with its known general action,) I gave it in several cases of diabetes *insipidus*, occurring in women suffering from uterine complaints. Its action was very satisfactory. Several other physicians used it with good results.

I then predicted that a thorough purge would develop symptoms that would indicate its use in diabetes, strangury and impotence.

Before the second edition of *New Remedies* went to press, my prediction was verified. Dr. Paine, of Philadelphia, in his experiments, found it to cause "*irritation of the urethra*, pain in the kidneys, *congestion of the kidneys, albumen in the urine, and increased specific gravity.*"

Dr. Paine made use of *Helonin* in Bright's Disease, diabetes mellitus, and *Albuminuria*, after *Scaelatena*, and claimed it to be curative in these affections.

These observations and clinical reports were incorporated in the second edition of *New Remedies*. No clinical reports, based

*British Journal. †*New Remedies*, 1st edition.

on these latest observations, have yet reached me, but I have had opportunity to test its value in one case of glycosuria, which is worthy of record.

The patient was a man about forty years of age, a strong, robust farmer, until two years ago, when he noticed that his strength declined, his urine increased in quantity, while his appetite became enormous, and thirst excessive. This condition of things steadily increased in intensity, until I saw him in May, 1867. He was then very greatly emaciated, very weak, pulse quick and soft, skin dry and harsh, tongue dry and white, thirst insatiable, appetite voracious, but losing weight and strength every day, urine very saccharine, and about four gallons daily. He had been under the treatment of various physicians, had taken a great amount of medicine, and had conformed to a rigid diet, such as is usually recommended in this disease.

It occurred to me that this was a good case in which to prove the value of the drug. Believing, however, that the functions of the skin should first be restored, I ordered the *vapor* bath every other day—each bath to be continued half an hour.

The *Helonin* was prescribed in the first decimal trituration, one grain in a teaspoonful of brandy, to be taken one hour before meals, and on going to bed at night. Diet, brown bread and meat.

At the end of a week he presented himself, and reported feeling much better. The daily urine had decreased nearly four quarts, thirst less, mouth and skin less dry.

The same prescription continued—baths every third day. At the end of the second week the symptoms were all ameliorated; the urine amounting to only nine quarts daily.

The close of the third week, under the action of the same medicine, brought the urine down to seven quarts. Here the improvement seemed to stop, and for several days the symptoms remained nearly the same. A dose of *Sulphur* 30th was given every morning for three days, and the *Helonin* suspended. This anti-psoric seemed to arouse the dormant power of the organism, and improvement again set in, but slowly. Thinking a higher trituration of *Helonin* would act better, the third trit. was prescribed, but the result was not satisfactory, and the one-tenth was again given, but this time a dose of *five* grains. After a

few days, rapid improvement set in, and my patient returned to his farm in Minnesota. In about a month he reported by letter that he felt quite well, and was nearly as strong as ever, but the urine was yet too copious, (about four or five quarts in twenty-four hours,) and was slightly saccharine.

It is now nearly two months since I have heard from him. Had he ceased to improve, I think he would have written me.

This case, although not completely satisfactory, because not ending in a *known* cure, is certainly of interest, as showing the power of *Helonin* over the pathological state known as glycosuria. In a more recent case, it might have effected a rapid cure. I hope my colleagues will give the remedy a trial, not only in this malady, but in *albuminuria.*

A CLASSIFICATION OF THE MATERIA-MEDICA UPON A PHYSIOLOGICO-PATHOLOGICAL AND PATHOGENETIC BASIS.

BY W. H. BURT, M. D., OF LINCOLN, ILLS.

(Continued from Page 212.)

MUCOUS GROUP.

Cantharis, cannabis, apis m., terebinth, buchu, senecio aureus, pulsatilla, copaiva, cubebæ, chimaphilla, hydrastis can, chlorate of potassa, nitrate of potassa, borax, sanguinaria, sticta, pareira brava, erecthites, erigeron, eupatorium pur, apocynum, croton t., aconitum.

SKIN.

The diseases the skin is subject to are, according to Wilson and Bateman, arranged into eight classes: 1st, rashes (exanthemata; 2d, pimples; 3d, vesicles (including bullæ;) 4th, pustules; 5th, scales; 6th, tubercules; 7th, discolorations; and 8th, cryptogamous affections.

1st. Rashes, or Exanthematous Diseases.—To this class belong rubeola, scarlatina, erysipelas, erythema, roseola and urticaria, characterized by superficial red patches on the skin, irregularly diffused, figured variously and of all sizes; the red superficial efflorescence disappears under pressure, and commonly ends in desquamation. In noting the remedies of this class of diseases, I will only mention those that cover this form of erup-

tion, as the disease and eruption changes, the medicine will have to be changed to meet the case. Aconitum n., rhus tox, rhus v., rhus rad., belladonna, apis m., arnica, veratrum v., urtica urens, cactus g., cimicifuga, gelseminum, pulsatilla and cantharis.

Class 2. PIMPLES, (PAPULÆ.)—This class includes strophulus, lichen and prurigo; they are characterized by small conical elevations of the cuticle, pointed at the top, containing neither lymph or pus, and usually ending in a scurf. Remedies—Sulphur, mercury, calcarea carb., antimonium tart., copaiba, iris v., juglans and hydrastis.

Class 3. VESICULAR DISEASES.—Vesicles (vesiculæ) consist in circumscribed elevations of the cuticle, containing lymph, which generally is colorless, but may be more or less opaque. When large, consisting of a clear fluid, separating the cuticle from the true skin, they are called blebs, bullæ, or small blisters. This class includes herpes, of which there is a great variety; they differ in the mere position or form of the vesicular patches: eczema, scabies, miliary eruption, pemphigus and rupia. Remedies—Sulphur, cantharis, rhus tox, rhus ver., mercury, iris v., juglans c., arsenicum, sepia, cuprum, lobelia, cistus c., causticum, carbolic acid and nitri acid.

Class 4. PUSTULAR DISEASES.—In this class we have ecthyma, impetigo, acne-rosacea, cycosis, furuncul and variola. They are characterized by circumscribed elevations of the cuticle, containing pus, and having red inflamed bases. Remedies—Mercury in its various forms, sulphur, croton t., tartar e., calc-carb., graphites, arnica, apis m., potassa, hepar sul., hydrastis, juglans c., electricity, belladonna, cimicifuga, variolin, thuja, iris v. and arsenicum.

Class 5. SCALY DISEASES.—We have in this class psoriasis, leprosy, pityriasis, ichthyosis and syphilitic eruptions. In those diseases the cuticle becomes hard, thickened, opaque, whitish, patches of unhealthy cuticle. The subjacent surface is red. The scales thrown off from the skin consist in a rough, thick, and almost horny state of the cuticle, and are frequently renewed as soon as thrown off. Remedies—Arsenicum, mercury in its various forms, nitric acid, potassa in its various forms, lachesis, silicea, phytolacca, hepar sul., rhus v., stillingia, iodine and juglans c.

Class 6. TUBERCULATED DISEASES.—Under this class we have elephantiasis, lupus, molluscum, yaws or framboesia, keloid, etc. These cutaneous tubercles are small, hard, superficial tumors, circumscribed and permanent, sometimes they slowly separate at the summit. These excrescences are from the size of a pea to that of a hen's egg. Remedies—Sulphur, cal carb., carbo an., potassa, arsenicum, sepia, iodine, mercury, phytolacca, thuya, rhus rad., apis m. and juglans.

Class 7. MACULÆ, OR DISCOLORATIONS.—In this class we have lentigo (freckles,) ephilis, naevi, albinism and vitiligo. They are characterized by changes in the color of the skin, produced by the modifications of the coloring matter, independently of any other affection. Remedies—In these affections remedies will be found of little or no use, but a few may be tried, such as sulphur, calc c., lycopodium, hepar sul., mercury, phytolacca, nitric acid, etc.

Class 8. CRYPTOGAMOUS AFFECTIONS.—We have in this class porrigo, trichosis, etc. These diseases depend essentially on the presence of microscopic fungi, and are characterized by a scab-like cup-shaped elevations, distinct or confluent, and of a contagious nature. Remedies—Sulphur, mercury in its various forms cal carb., hepar sul., arsenicum, iris v., juglans, tartar emetic rhus t., rhus ver., potassa, croton t., carbolic acid, baryta c. and ustilago madis. During the administration of the above remedies, they should be applied locally. My favorite local remedies are calomel, iris v., juglans, sulphur and carbolic acid.

SLEEP.

In noting the remedies that effect the sleep, I will only mention those that are of the most practical importance to the physician, for all remedies affect the sleep more or less: Belladonna, opium, hyoscyamus, stramonium, alcohol, lachnanthes, quinine, coffea, bromide of potassa, cannabis ind., aconitum, n. ——, asafœtida, musk, ambra grisea, scutellaria, gelseminum, cocculus, valerinate of zinc, cypripedium, lycopus, cimicifuga, platina, chamomilla, nux vom. and cactus.

FEVER.

1st. RASHES.—(See rashes under skin diseases.)

2d. INFLAMMATORY FEVER.—Aconitum, veratrum v., bella-

donna, bryonia, gelseminum, digitalis, veratrum alb., cimicifuga, cactus g., colchicum and tartar emetic.

RHEUMATIC FEVER.—Aconitum, bryonia, rhus tox, rhus rad., rhus v., cimicifuga, phytolacca, colchicum, sulphur, hydriodide of potassa, caulophyllum, stillingia, dioscorea, cactus g., pulsatilla, nux v., mezereum, chamomilla and propylamine.

INTERMITTENT FEVER.—The true anti-periodics are but few in number, notwithstanding the vast multitude put down in the books for the cure of intermittents. Four-fifths of the remedies mentioned have no anti-malarial properties about them. China and its alcoloid quinine, especially the latter, is our greatest anti-malarial remedial agent, and next to it is arsenicum, polypori, ipecac, ostryina, nux v., gelseminum, eupatorium per., apis m., cedron, sulphur, carbo veg., natrum mur., web of spider, ptelea, salicine, caffeine, pulsatilla and canchalagua. The above list contains about all the anti-malarial remedies that are known to the profession, the rest of the remedies mentioned in our books, will give nothing but disappointment in malarial districts.

REMITTENT AND BILIOUS FEVERS.—These require the same remedies as intermittent fever, with the addition of mercury, podophyllum, leptandria, aconitum, veratrum v., colocynth, chamomilla and crotalus.

YELLOW FEVER.—Crotalus h., arsenicum, veratrum viride, veratrum alb., ipecac, belladonna, rhus tox., aconitum and mercury.

CONGESTIVE FEVER.—Arsenicum, sulphate of quinine, belladonna, opium, polypori, ostryina, veratrum alb., veratrum v., ipecac, nux v., crotalus and lachesis. These are to be given internally, and by sub-cutaneous injections at the same time, especially the latter method is to be relied upon.

TYPHUS AND TYPHOID FEVERS.—Arsenicum, bryonia, rhus, baptisia, belladonna, opium, phosphoric acid, muriatic acid, phosphorus, acid nitric, sulphur, crotalus, hyoscyamus, stramonium, gymnocladus and carbo veg.

WORM FEVER.—Santonine, cina, mercury, sulphur, belladonna, hyoscyamus, stramonium, opium, aconitum n., spigelia and terebinth.

CHILD-BED FEVER.—Aconitum n., veratrum viride, belladonna, bryonia, colocynth, mercury, arsenicum, veratrum alb.,

pulsatilla, cimicifuga, gelseminum, sulphur, nux v., rhus, muriatic acid and bromide of potassa.

MUCOUS FEVERS.—Aconite, hydrastis, chlorate of potassa, pulsatilla, cantharis, terebinth, copaiva, cubeba, chimaphila, borax, sticta, sanguinaria, tartar emetic, apis m., cannabis, senecio aureus, kali b., apocynum, erigeron, mercury, borax and eupatorium pur.

SPOTTED, OR CEREBO-SPINAL FEVER.—Veratrum viride, alcohol, euphorbia corrollata, belladonna, curaro, bryonia, arsenicum, opium, nux v., cantharis, aconitum, crotalus, rhus, bromide of potassium, lachesis and secale.

MIND.

Under this group I will only mention the most important remedies: Aconite, veratrum v., veratrum alb., cimicifuga, digitalis — belladonna, hyoscyamus, stramonium, opium, coffea, chloroform, aethusa, lachesis—cannabis, bromide of potassium, phosphoric acid, ignatia, pulsatilla, chamomilla, aurum, cocculus, staphysagria, agaricus, platina, secale—sulphur, mercury, arsenicum, baryta mur, etc.

HEAD.

About every remedy in the brain symptomatically or idiopathically. I will name these that are most practical: Belladonna, hyoscyamus, stramonium, opium, glonoine, alcohol, aethusa, cicuta, quinine, aconite, veratrum v., arnica, hellebor, gelseminum—arsenicum, bryonia, mercury, sulphur, apis m., iris v.—cocculus, coffea, agaricus, camphora, cypripedium, zinc, comocladia, gymnocladus, lachnanthes and zizia.

(To be continued.)

Translated Articles.

PETROLEUM.—DIARRHŒA.*

Dr. Hirschel, of Dresden, has made use of *Petrol.* in acute and chronic diarrhœa; in acute cases he has observed frequently the most striking effects of this remedy, in most cases one, or at least but few doses were sufficient to effect a cure. *Petrol.*

Neue Zeitschrift f. Hom. Klinik, Vol. xvi., No. 8.

is especially adapted for diarrhœa caused by cold; in such cases, which appear very suddenly, and are unlike those, which characterize the colocyth diarrhœa with cutting pain. But there is a peculiar griping, with a pressing sensation in the bowels, which compels the patient to double up. The pain is mostly in the region of the navel—in the small intestines. The stools are watery, seldom mucous, copious, spirting, foaming, with much rumbling, which generally precedes the stools. The sensation is similar as if one had taken a laxative of Bitter water. In such cases, *Petrol.* is certainly effective.

Dr. H. says that he has met with excellent success with *Petrol.* in tuberculous diarrhœa, if characterized by the above mentioned symptoms, when other remedies were of no benefit. Then he continues: The old school, Mitscherlich, for instance, who holds *Petrol.* analogous with Ol. Terebinthina, employs *Petrol.* in consumption and scrofula. Homœopathy also recommends *Petrol.* in tuberculous and scrofulous affections, and in certain forms of coughs depending thereon.

Dr. H. cites several cases of diarrhœa occurring in subjects of phthisis pulmonalis, which were very materially benefited, and life prolonged for a considerable length of time. The 2nd or 3rd potency was generally used.

CLINICAL NOTES.

Translated for the Western Homœopathic Observ .

Ileus Spast. in a man, about forty-two years old, and generally constipated: Opi. relieved pain in abdomen and vomiting of facces. Twelve doses were given. Stool, and after thirty-six hours patient well.—[Dr. Cserno.

Typhlitis Sterconialis, an interesting case, had been treated by allopathic physicians for eight days without benefit. Dr. Balogh, of Avad, administered *Opium*, and gave tepid injections, after which copious discharges of facces followed, and pain and vomiting ceased.—[Dr. Balogh.

HERNIA INCARECRATA.—Two cases cured with *Nux Vomica.* The writer* says, during his twelve years of practice in the old school, he saved only two lives by bloody operations. Dr. Syontagh, who refers a case where *Nux Vom.* 3 prevented an operation.—[*Dr. Cserno.

ECLAMPSIA PURP.—A poor, delicate woman, seventeen years old, much reduced and greatly depressed by various accidents, was cured with Atropia Sulph. 3rd potency.—[Dr. Cserno.

CHOLERA.—Based upon two different anatomical-pathological conditions, by Boehm and Guttmann. Dr. Hausmann recognises two forms of cholera—the one form corresponds to *Argent. Nitr.* and the other to *Cupr. arsenicos.*—[Blætter fuer Homœop. N. Z. f. H. K. Vol. xvi, No. 8.

PRUSSIC ACID IN CHOLERA.—Dr. Sarge, in his "Small Contributions to the Hom. Treatment of Cholera," makes mention of *Prus. Acid* in several cases of cholera. One case particularly, which became rapidly asphyxtic; no pulse, general coldness, complete stupor—the man did not speak a word. Dr. S. gave *Prus Acid.* The pulse and warmth of the body soon returned, however, only for half an hour, followed then by death.

Dr. Windelband observed a similar case. Upon administering *Prussic Acid,* 2d potency, (decimal,) a marked improvement followed, the hardly perceptible pulse was greatly accelerated, yet the end was also death.

Dr. Jacobi, of Berlin, informs Dr. S. of several cases where *Prussic Acid,* in 2d decimal potency, brought the patients very rapidly out of the asphyxia, but the reconvalescence was very slow.

Dr. S. recommends further experiments with this remedy.—[Neue Zeitschrift, f. Hom. Kl., Vol. xvi, No. 11.

Correspondence.

HANNIBAL, Mo., Sept. 11th, 1867.

EDITOR OBSERVER: In the August number of the *Observer* my notice was directed to a communication from John Fee, M. D., of Macon City, in which he calls the attention of the medical fraternity to an operation which I performed in 1865, viz.: "the excision of the head of the right humerus," and which was reported in the January number of the *Observer*, 1867. He complains that, as he was present at the operation, he feels damaged by the omission of his name in said report. To this, I will say his name was purposely *excluded* from the same for reasons best known to myself and a few others, which it is unnecessary to mention, otherwise, it is as far beneath my notice to reply to the blatant fustion of the fellow who penned the communication, as he himself is beneath my contempt. My only reply, therefore, is, that his statements, as above excepted, concerning myself and the operation which I performed, and to which he refers, are wholly *malicious, contemptible and false.*

W. D. FOSTER, M. D.

WORCESTER, August 30th, 1867.

EDITOR OBSERVER: Dr. Gurber's article on "Erigeron in Gonorrhœa" reminds me of the "Erigeron Mixture," which I have used successfully in hemorrhage of the uterus and lungs. The prescription I found in King's *American Family Physician*, page 729. It is as follows: "Triturate oil of *Erigeron*, half a fluid drachm; with powdered *Gum Arabic*, half a drachm; *White Sugar*, one drachm; and then gradually add water, eleven fluid drachms, triturating constantly." (I have found when the stomach is sensitive, or irritable, by adding *Glycerine*, half an ounce, to the mixture, the stomach retained the mixture comfortably.) Each drachm of the mixture contains five drops of the oil, which is enough for an ordinary dose. Dr. King says, "the dose is a tablespoonful (equal to twenty drops) in excessive flooding, every five, ten or fifteen minutes; in ordinary cases, three or four times a day."

Where the tincture cannot be obtained, I think the above "Erigeron Mixture" would answer an excellent purpose for internal use, and for injection, if any is needed. Try it, and tell us the results.

Yours, &c.,

W. B. CHAMBERLIN, M. D.

WORCESTER, MASS.

POUNDED ICE IN DIPHTHERIA.

TROY, N. Y., September 25, 1867.

WM. TOD HELMUTH, M. D.—*Dear Sir:* I have to-day been perusing with must interest your late work on Diphtheria. It has been a great source of pleasure for me to do so, both on account of its being thorough and exhaustive, and also because it is the production of my old, much-loved professor of anatomy. But, Doctor, will you allow me to suggest one remedy for this dread disease which I have not as yet seen in print? and that is simply *freezing the throat from the outside.* Take pounded ice, mixed with salt, in a piece of muslin, and apply it immediately above the Pomum Adami. Allow the application to be circumscribed so as not to seriously involve other tissues more than those over the diseased part. The application need be only of short duration before the diphtheritic exudation loosens from the mucus membrane, and the patient is immediately and thoroughly relieved. You will find that it will act like a charm, and often save the life of the patient when all other remedies fail. Of course our usual medicines should be administered, in order, if possible, to strike at the root of the disease, as it resides in the poisonous miasm, circulating in the blood, and producing constitutional disturbance. You will also find the same external application eminently useful in membranous croup.

Pardon me for presuming upon your time. Trusting that through these brief lines I may have rendered you some little service, I remain, with kind regards,

Ever truly your friend,

JOHN YOUNGLOVE, M.D.

The Western Homœopathic Observer.

ST. LOUIS, OCTOBER, 1867.

THE CHOLERA CONFERENCE AT WEIMER—THEORY OF DISINFECTION.

At a recent meeting of the New York Board of Health the President presented the following communication from Dr. Harris, Register of Vital Statistics, which is an abstract of the report of the proceedings of the Cholera Conference held in Weimer, Germany, during the month of June last:

DEAR SIR:—Having been favored with an abstract of the discussions and concluding recommendations of the Cholera Conference that recently met at the city of Weimer, and having learned from Prof. Pettenkofer that the full stenographic report of the conference will be published at Leipsic during the summer, I now lay before the Board of Health a synopsis of the discussions and their conclusions as given in this abstract.

You will recollect the polite invitation that was extended to New York to be represented at that important meeting. It turned out to be precisely such a conference as the interests of public hygiene required, for the most practical and comprehensive questions were discussed by the leading sanitary scholars of Europe, nearly sixty delegates being present. The following conclusions were adopted, and I beg leave to present them here before giving the synopsis of the debates of the conference.

CONCLUSIONS AND RECOMMENDATIONS.

I. The Conference expresses as its deliberate conviction that the efforts to arrest and prevent cholera by disinfectants should be continued in the most energetic manner.

II. Disinfection will be entirely successful only where excremental matters are carefully gathered and kept from being cast about; when attention is given to the cleanliness and the means of health; and when the disinfection is performed by sanitary authorities in a compulsory manner.

III. In places where the entire locality or district cannot be at once disinfected, it is advisable to disinfect throughout the places visited by the previous epidemics of cholera.

IV. The general disinfection should be performed at the proper time, that is, before the epidemic is actually prevalent in town or place. Every house or spot that becomes infected, or is suspected to be so, must be kept constantly under the influence of disinfection.

V. In regard to the best substances as disinfectants, though the testing of various articles is not yet completed, there have been found, to the

present time, no more effectual substances than sulphate of iron (copperas) and carbolic acid; and, as experience proves, we have no other disinfectants that can be employed with greeter facility. A combination of both these disinfectants is therefore recommended.

VI. The disinfection of clothing that has become infected by cholera excrement is especially an important matter. For that purpose the Conference recommends that all such clothing be disinfected by boiling in water, or by chemical treatment in a proper solution of "zinc vitriol" (sulphate or chloride of zinc); and the Conference also recommends that special arrangements be made by which disinfection can be employed in all places, and at any hour, among or for the poor.

VII. For the disinfection of sewers and drains, the Conference advises the trial of Mr. Sauvren's method. [The means used by Mr. Sauvren are not yet fully published, but they are believed to be similar to McDougall's—namely, a combination of carbolic or coal tar preparation, in a cheap form.]

VIII. If cholera infects any house or spot, it is recommended that, if practicable, the houses so situated in an infected place, or being infected, should be vacated, and their inhabitants removed from the iufected spot.

IX. It is especially recommended that the ground-water (that is, the water in the ground) about dwelling-houses, and all the grounds about habitations of every kind, should be preserved undefiled by any excremental matter of cholera; also, that all drinking water be undefiled and pure, and that where no pure water can be had that the water which must be used should be disinfected by boiling.

Such were the final conclusions of the Conference in reference to the first duties of sanitary authorities and the people of any town that is threatened by cholera. The discussions were based upon the experience and studies of the distinguished gentlemen who had thus agreed to meet and compare their views and the results of their observations. The attendants at the Conference were from various cities of Germany, Holland, Prussia, Austria, Hungary, and Russia. The history of cholera outbreaks among the troops in the war last year proved marvellously interesting and conclusive on many points. Next in order of interest and importance was the history of infection by means of water contaminated by cholera excrement. Closely allied to the latter subject was the examination of evidence concerning the discoveries that have been made in regard to the peculiar means by which the cholera infection is transported and propagated. Lastly and most practically useful was the examination of evidences concerning the proper and best methods of disinfection, and the relations of such means to the promotion and control of cholera epidemics. The chief medical officer to the Privy Council of Great Britain presented the history of the outbreaks of cholera in London in connection with the water of the East London Water Company, which, as Dr. Radcliffe has shown, was contaminated by cholera excrement. In the district where that water was used the epidemic burst forth as by an explosion; while, subsequently, in other places it spread by the more

usual methods and in the more usual manner. Then, again, there were other instances where the epidemic spared all persons in certain asylums and hospitals who used privies that were uncontaminated by cholera excrement, while the epidemic decimated the classes of inmates that used the latter. The Conference conceded that wells and reservoirs of drinking water were frequently contaminated by the cholera poison by soakage into them of the infectious element from the cholera stools; but Profs. Pettenkofer, Wanderlich, Simon, and others agreed that drinking water was not the most universally common means of communicating cholera to man. The influence of ground-moisture, or more precisely of the ordinary ground-water, while such water or moisture is receding by drying of the ground after a wet period, was proved by such who daily used the same well water, but who used different privies and frequented different and well-separated yards, as we saw the same fact illustrated in two adjacent pavilions on Blackwell's Island last summer. The influence of different kinds of ground in receiving and propagating the epidemic virus of cholera was examined, and Dr. Pfeiffer, of Vienna, showed the curious course which the epidemic pursued in passing through the great forest country of Thuringen last year; while the delegates from Dresden and some other places showed what conditions of the earth had permitted and favored the spread of cholera on their soil that covered certain granite rock districts. The outbreaks on Blackwell's Island and the rocky summit of Hudson City fully bear out the conclusions of the Conference on the subject of cholera epidemics on rocky surfaces, and do not disprove the agency of the surface soil in propagating the virus when planted in such places. Examining the great mass of facts presented by members of the Conference in regard to influence of the ground and its retentiveness of undrained water, or of being porus, and, at times, saturated and again undergoing a course of drying by evaporation, the more important conclusions seem to be as follows:

1. That porus soils, and any kind of earth that retains and favors the ordinary kinds of fermenting filth, will readily retain and repropagate the virus of cholera when once the germinal virus has been introduced or planted by persons coming from infected places; that the mere altitude of a place is not the question that determines its susceptibility to cholera; that the moisture (ground-water) and the fluctuations of that moisture of a soil by rising and receding (drying), favors the propagating of cholera; that a sewer or drain may become the chief source of infection to some places where there is no soil, or where the ground and everything except the sewers and drains have been disinfected.

2. That Prof. Pettenkofer's use of the term ground-water should be understood, as he intended, to mean the standard of saturation by moisture in the soil, and that grounds which, upon their surface appear to be high and dry, may, nevertheless, be saturated with moisture; that is, have an excess of ground-water (or high ground-water), and that the sanitary drainage and drying which are necessary to protect a soil against repropagating the planted virus or germs of cholera must be deep and

thorough. The history and topography of the cholera fields of Halle, Berlin, Zwickeon, Thuringen, Helsingfors, and St. Petersburg supplied admirable proofs of this great doctrine in sanitary drainage.

3. Good proofs were adduced that there are some kinds of soil that seem to be natural disinfectants of cholera virus, and upon which an epidemic cannot spread except in filthy houses, sewers, &c. We have not time to make the sbstract of the facts that will illustrate the true theory of this kind of exemption. We can say, however, that it is plainly impoftant that regard should be given to the kinds of earth and materials used for filling up sunken lots, and that even the location of dwelling places may sometimes be a matter of choice as regards the nature of the soil.

The facts concerning special disinfection to destroy both the cholera virus and all susceptibility to material for its repropagation in a house or district, were well discussed in the Conference. The negative facts were specially important, for they showed that in a few places, as in the great prison at Halle, the great epidemic swept forward regardless of the previous and continued disinfection of the grounds and nuisances with sulphate of iron. But in those instances it was proved that the sewers and drains were not disinfected, and that not only were the infected spots particularly exposed to and connected with such drains and sewers, but that the copperas solution had been relied upon without mixture with carbolic acid, and the powerful antiseptic agents which coal tar contains. In Berlin there was great success in the use of permanganate of soda, with sulphuric acid added—that is, the success was achieved by the most rapid and powerful oxidization, in the same manner as we last summer disinfected the defiled clothing and bedding of the cholera sick by means of permanganate of potassa. The expensiveness of the method is the chief objection to it; yet, for domestic and limited applications it is a perfect method for clothing and upholstery. The fact that with entire unanimity the Conference recommended that the main reliance for disinfection should be placed in the simpler and powerful agents—sulphate of iron and carbolic acid, which the Metropolitan Board unhesitatingly adopted at the beginning of the epidemic last year—will be ample warrant for our continuing to employ those cheap and effectual substances.

The vital importance of perfect sanitary care of all persons sick or infected with cholera was illustrated in the history of the epidemic in every city. Disinfection alone, and especially the irregular and unsystematic or unenforced applications of disinfection, did not always control the prevalence cf cholera; indeed, such exclusive and unmethodical sanitary work often resulted in fatal disappointments. In some cities, as in Erfurth, even the carbolic acid was so freely used in some parts of the town (in privies) that the wells in the vicinity of privies flooded with that disinfectant yielded water that tasted strongly of it; yet parts of Erfurth were neglected, and cholera was fearfully epidemic there. But it was conceded that in cities in which there was perfect, and systematic, and well-regulated sanitary disinfection combined with perfect care of the sick and of

all suspected persons, as was the case in the city of Bristol and some other favorite cholera haunts, the epidemic was controlled, and, by like faithfulness and skill, that it could and should be generally controlled in all civilized cities.

Prof. Hirsch presented the arguments and studies that favor the discovery of the precise nature of the poison that produces cholera, and the Conference commended and urged on the inquiries that have already in the hands of Profs. Klob and Thome, last year, resulted in discovering a minute microscopical growth that, thus far, proves to be exclusively produced in cholera excrements, and which obeys all the tests for the destruction as well as the propagation of the cholera. The spores of that little growth multiply with marvellous rapidity, and are not destroyed by ordinary doses of chlorine or chloride of lime, but are killed by sulphate of iron and carbolic acid.

The Conference recommend that scientific naturalists, like the men who are now at work on the question, should continue their researches. It was also recommended that observers of cholera should carefully study the conditions under which the epidemic is transported from place to place, and also study the relations of ground, moisture (ground-water), and other local conditions that determine the boundaries of epidemic fields.

It will be observed by these notes, of a discussion that appears to have been conducted with the single object to find out what is known, that there was a clear knowledge of the practical wants of sanitary officers and governments. The nine propositions which the members of the Conference have submitted as their unanimous conclusions and recommendations I have placed at the beginning of this abstract, as being precisely the kind of information which a Board of Health most wishes to receive, and upon which it can base judicious practices. Fortunately for the good name of your Board, as for the safety of the city last year, our practice was, from the first, based upon these doctrines, and the great minds that led in the Weimer Conference were the men that had most aided us in former years to deal with epidemic and infectious diseases. I am happy to learn that the Leipsic report is to be fully illustrated by maps and charts, to show precisely what course cholera has pursued in European cities. We may hope to receive copies next month. I regret that the abstract forwarded by Prof. Pettenkofer cannot be translated and put in your hands to-day. These pages contain the gist of the whole, but the debates touched upon a great many other points. We are a little surprised that some conclusion and recommendation on quarantine was not reached. But, since the fact has been demonstrated that persons who travel away from an infected district may themselves, while yet journeying and not sick, spread cholera, by means of excremental evacuation, it is not surprising that little reliance should be placed upon quarantine regulations as a means of preventing cholera from spreading in Europe.

Respectfully yours, ELISHA HARRIS,

Corresponding Secretary M. B. H.

CORRECTION OF AN ERROR.

I have noticed that the report has gained credence (probably through a few lines inserted in a previous number of the *Observer* by Dr. Temple) that Dr. Luyties had assumed the editorial management of this Journal. This is not the case. The editorial duties are conducted by Dr. Helmuth, who assisted in the organization of the Journal, and has been connected with it from that time until the present, excepting two or three months, when it was given to the Homœopathic Medical Society.

H. C. G. LUYTIES.

DEATH FROM THE USE OF CHLOROFORM.

In this city there has been another death from the use of chloroform, skillfully administered by one of the best surgeons of St. Louis. These facts, occurring from time to time, give evidence that chloroform is not always the safest anæsthetic that can be employed, and that although the benefits are great which arise from chloroformization, yet occasionally it is attended with great danger. In a late report of the chloroform committee we find that one hundred and twenty-three cases have been collected in which death could positively be assigned to the inhalation of chloroform; and even this large number is probably short of the aggregate mortality which must have been due to its use in various parts of the world. Many of the deaths, moreover, happened during trivial operations, which, without chloroform, are not attended with risk to life. The committee state, in the most positive manner, that "at times, even with every care, *and with the most exact dilution of the chloroform vapor, the state of insensibility may pass in a few moments into one of immediate death.*" The following case will be to the point:

An old man named Jacob Wilhelm came to the city a day or two ago, from Iowa, to have an operation performed by Dr. Hodgen for stone in the bladder. Yesterday, in the presence of a number of physicians and students, the Doctor had administered chloroform to the patient, and was proceeding with the operation, when it was found that the man was dead. The Coroner held an inquest on the body, and the jury returned a verdict of death from the effects of chloroform administered for the purpose of performing the operation of lithotomy, and it was the belief of the jury that the result could not have been avoided. Deceased was sixty-one years old, and leaves nine children.

The following letter in reference to the matter appears in the last number of the *Medical Reporter*, from Dr. Hodgen, which will no doubt be read with interest by the profession generally:

St. Louis, September 25, 1867.

Editors St. Louis Medical Reporter:

It becomes my duty to record another death from the use of chloroform as an anæsthetic agent—the first I ever witnessed—and I think the fourth case of the kind that has occurred in this city since it has been presented to the profession for that purpose. Jacob Wilhelm, aged fifty-nine, a native of Germany, of original robust constitution, but who had suffered much in the past seven years from stone in the bladder, presented himself to me two weeks ago, asking to be operated upon. At that time, though we found stone, it was thought prudent to put off the operation a short time, since he was suffering from malarious fever, and the weather was very hot. Yesterday (September 24), however, his general condition having sufficiently improved, he was, at 10 o'clock A. M., brought to the operating room of the St. Louis (Sister's) Hospital, and was placed upon the table for the purpose of having the operation of lithotomy performed. In the presence of some thirty medical men and students, assisted by Drs. Gregory, Dudley, Junghaus, and others, chloroform was administered in the usual way, viz: a drachm of chloroform was poured into a conically-folded napkin, and the patient allowed to breathe from it. Of course, inhaling in this manner, it is largely mixed with air. He was announced under its influence, and I made the first incision in the perineum. In searching for the staff, the patient seemed not well under the influence of the chloroform; a little more was added to the napkin, when he took two additional inspirations, when his condition was announced as critical by the attendants. Efforts were immediately made to resuscitate him by dashing cold water in the face and on the chest, violent spanking, striking the chest, and pressing the abdomen, and finally, by opening the windpipe and introducing a large catheter, fresh air was forced into the lungs and endeavors made to produce artificial respiration. These efforts were continued for over a half hour, but did not elicit the slightest response, and the patient succumbed almost instantly.

Respectfully,

JOHN T. HODGEN, M.D.

CHEMICAL COMPOSITION OF STREET MUD.

BY C. R. C. TINCBORNE, F.C.S.

The communication on the above subject, from Dr. Letheby, which appeared in the last number of the *Chemical News*, possesses to my mind considerable interest from two causes. First, from its important sanitary aspect; and second, from the fact that last year I endeavored to bring prominently before the authorities of the city of Dublin the highly deleterious nature of street dust, or mud, which, from their hygienic point of view, was vulgarly looked upon as harmless. In a letter published in the *Irish Times*, Tuesday, October 9, 1866, I gave the analysis of the mud taken from one of our narrowest streets, but which street was, and

is to the present day, our greatest thoroughfare. The letter was written at the commencement of the severe attack of cholera with which Dublin was visited last autumn, and was published mainly with a view to advocate the use of carbolic acid for watering the roads. On referring to my notes, I find that the street dust of Dublin contained on an average 24 per cent. of organic matter, which is lower than the average given by Dr. Letheby for the London mud, even allowing for difference of moisture. This lower percentage is probably owing to the much larger percentage of animals working upon the same extent of roads, or also because many of our streets are macadamized, or constructed in a similar manner. From the continual state of steeping (if I may use the expression), and re-drying that this comminuted manure is constantly undergoing, I am of opinion that we are hardly alive to the mischief that it is capable of perpetuating. Antiseptics, such as carbolic acid, from their expense, are inadmissible for general use in the ordinary course of events. In seaport towns an efficient antiseptic, and harmless friend, would be found in the sea-water. This should be used freely for watering the streets. In dry and hot weather the saline substance very soon accumulates, and the sea-water leaves a perceptible hard crust of the briny matter. From its slightly deliquescent nature it answers its mechanical requirements admirably, and during the usual dry weather adds no expense to the work ordinarily done to restrain the dust. The three and a half per cent. of chloride of sodium, &c., contained in sea-water collects rapidly when exposed to superficial evaporation, even in damp weather, and it would be next to impossible that fermentable changes could take place in the presence of so large a proportion of sea-salts.

Such a project would perhaps be hardly feasible in a city like London, which is situated so far from the mouth of the river, but it could be easily adopted in such towns as Liverpool, Portsmouth, Dublin, &c. The following analyses, taken from my note-book of last year, may possess some interest in connection with my remarks:

Moist Dust from Grafton street, Dublin, October, 1866.

Moisture	33.3
Organic matter	25.1
Inorganic matter	61.6
	100.0

Street Dust, October, 1866.

Soluble salts	1.3 per cent.
Organic matter	25.1

Soil from a well-made road upon which sea-water had been used.

Soluble salts	7.5 per cent.
Organic matter	21.1

Here it will be seen that the salts are about one third the weight of the total organic matter present.—[*Chemical News.*

VITIATED AIR.—In less than two minutes and a half all the blood contained in the human system, amounting in the adult to nearly three gallons, traverses the respiratory surface. Every one, then, who breathes an impure atmosphere two minutes and a half, has every particle of his blood acted on by the vitiating air. Every particle has become less vital, less capable of repairing structures, or of carrying on functures; and the longer such air is respired, the more impure it becomes and the more corrupt grows the blood. After breathing for two minutes and a half an atmosphere incapable of properly oxygenating the fluids which are traversing the lungs, every drop of blood in the human being is more or less poisoned; and in two minutes and a half more the entire minute part of all man's fine-wrought organs has been visited and acted upon by this poisoned fluid—the tender, the delicate, the wakeful and the sensitive nerves, the heart, the brain, together with the skin, the muscles, the bones throughout the structure—in short, the entire being. There is not a point in it but must have suffered injury.

MORTUARY REPORT OF THE CITY OF ST. LOUIS, FOR THE FOUR WEEKS ENDING OCTOBER 4TH, 1867.

AGES.

Under 5 years of age	421	From 50 to 60 years of age	54
From 5 to 10 years of age	69	" 60 to 70 " "	34
" 10 to 20 " "	86	" 70 to 80 " "	20
" 20 to 30 " "	201	Infants still born	31
" 30 to 40 " "	162		
" 40 to 50 years of age	81	Total	1159

DISEASES.

Accidents	12	Hemorrhage	13
Angina	1	Hepatitis	8
Apoplexy	9	Hydrocephalus	19
Atrophia	10	Inanition	2
Bronchitis	1	Inflammation	15
Cancer	2	Lockjaw	2
Cholera infantum	94	Mania potu	1
Cholera morbus	130	Marasmus	23
Cholera	340	Meningitis	20
Congestion	29	Over dose of chloroform	1
Consumption	46	Old age	1
Convulsions	39	Peritonitis	7
Croup	4	Pertussis	4
Debility	29	Pneumonia	12
Delirium tremens	3	Premature birth	8
Diarrhœa	60	Rheumatism	1
Diphtheria	3	Scarlatina	1
Dysentery	29	Still born	31
Enteritis	16	Suicide	1
Fever	54	Summer complaint	24
" typhoid	15	Trismus	9
" intermittent	10	Tuberculosis	5
" remittent	8	Whooping cough	2
Fracture	2		
Heart disease	3	Total	1159

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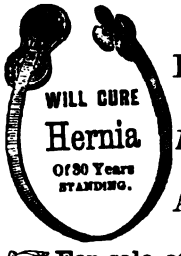

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THE WESTERN HOMŒOPATHIC OBSERVER.

VOL. IV. ST. LOUIS, NOVEMBER, 1867. No. 11.

H. C. G. LUYTIES, Proprietor and Publisher.

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Original Articles.

A CLASSIFICATION OF THE MATERIA-MEDICA UPON A PHYSIOLOGICO-PATHOLOGICAL AND PATHOGENETIC BASIS.

BY W. H. BURT, M. D., OF LINCOLN, ILLS.

(Continued from Page 224.)

EYES.—The remedies that effect the mucous membrane of the eye are pulsatilla, hydrastis, mercury, cantharis, apis m., copaiva, chlorate of potassium, borax, aconitum, euphrasia, belladonna and sulphur.

FIBROUS TISSUE.—Remedies—Belladonna, bryonia, rhus t., rhus r., rhus v., opium, colchicum, aconite, colocynth, sulphur, phytolacca, nux v., arnica, cimicifuga and cactus.

NERVOUS TISSUE.—Belladonna, opium, hyoscyamus, stramonium, phosphoric acid, china, nux v., conium, colocynth, sulphur, phosphorus, calcaria c., mercury, &c., &c. In chronic cases of opthalmia, where we have granulation of the lids, &c., the use of a crayon of sulphate of copper will be found of great value. Nitrate of silver will have to be used in some cases. One of the most valuable internal remedies I have ever used is the mother

tincture of phytolacca in five drop doses, three times a day. The external use of the muriate of hydrastia will be found exceedingly useful.

EARS.—Aconitum n., rhus v., rhus t. and rhus r., apis m., arnica, calendula, belladonna, lachesis, mercury, causticum, sulphur, calcaria c., graphites, hepar s., croton t., phytolacca, pulsatilla, hydrastis, chlorate of potassium, kali hyd., quinine and iodine.

NOSE—Aconitum n., belladonna, arnica, pulsatilla, cactus, mercury, kali b., kali h., per and chlorate, ammonia, sulphur, calcaria, aurum, hepar s., hydrastia, copaiva, apis m., sticta, sanguinaria, tartar-emetic, asclepias, china, phos. acid, iron, hamamelis, &c. A snuff of the first trituration of sanguinaria for hemorrhage or catarrh will be found of great value.

FACE.—Aconitum n., rhus v., rhus r., rhus t., apis m., arnica, mercury, bryonia, cantharis, sulphur, lachesis, belladonna, hydrastis, &c.

MOUTH.—Aconitum, belladonna, mercury, kali b. h., per and chlorate, phytolacca, iris v., baptisia, arsenicum, arum, hydrastia, cantharis, apis, copaiva, borax, eupatorium arom, nux v., phosphorus, nitric acid, hepar s., and sulphur.

TEETH.—Aconitum n., bryonia, arnica, rhus tox, belladonna, mercury, phosphorus, phytolacca, iris v., sulphur, nitric acid, mezereum, causticum, hepar s., pulsatilla, colocynth, &c., &c. The remedies that effect the teeth have given me poor satisfaction.

THROAT.—Aconitum n., belladonna, rhus v., rhus t., rhus r., bryonia, phytolacca, mercury in its various forms, iris v., iodine, sulphur, baryta mur, bromine, fluoride of calcium, hydrastia, apis m., cantharis, pulsatilla, hepar sul., spongia, ustilago, baptisia, capsicum, lachesis and kali b., kali h. and chlorate.

APPETITE.—China and its alcoloid quinine, nux v., ostryna, hydrastia, polypori, mercury, leptandria, phosphoric acid, ferrum, manganese, pulsatilla and calcaria carb.

STOMACH.—Arsenicum, veratrum alb. and viride, ipecac., tartar-emetic, bismuth, kali b., sanguinaria, robinia, phytolacca, nux v., pulsatilla, hydrastia, chamomilla, cocculus, dioscorea, sulphur, mercury, iris v., podophyllum, capsicum, xanthoxylum, cactus, aconitum n., cimicifuga, &c., &c.

ABDOMEN.—So many remedies effect the abdomen, that I will only mention the most important ones: Aconitum n., belladonna, bryonia, rhus t., rhus r., rhus v., veratrum alb., arsenicum, colocynth, dioscorea, collinsonia, podophyllum, mercury, pulsatilla, nux v., sulphur, chamomilla, nitric acid, muriatic acid, china, leptandria, &c., &c.

STOOL.—Aconitum, bryonia, belladonna, rhus t. v. r., baptisia, mercury, podophyllum, iris v., colocynth, aloes s., colchicum, leptandria, polypori, aesculus, jalapa, gamboge, petrolium, croton t., phytolacca, pulsatilla, hydrastis, turpentine, copavia, cantharis, arsenicum, veratrum alb., cuprum, ipecac., phosphoric acid, elaterium, carbo veg., plumbum, opium, zinc, coffea, nux v., sulphur, lycopodium, cod-liver oil, china, polypori, ferrum, manganese, hamamelis, aesculus, capsicum, xanthoxylum, camphor, dulcamara, secale, lachesis, phosphorus, sanguinaria, &c., &c.

URINARY ORGANS.—Cantharis, apis m., terebintha, cannabis, copaiva, cubeba, hydrastia, chimaphilla, erigeron, wood oil, sandal-wood oil, potassa in its various forms, aconite, belladonna, erecthites, hamamelis, nux v., nitrate of uranium, pulsatilla, dulcamara, euphrasia, senecio aureus, mercury, iris v., phytolacca, sulphur, marsh mallow, uva ursi, pareira brava, &c., &c.

GENITAL ORGANS OF MAN.—Mercury, iodine, ustilago madis, spongia, conium, iris v., sulphur, bromide of potassium, clematis, phytolacca, pulsatilla, hamamelis, argentum, nux v., belladonna, coffea, agnus castus, caladium, nuphar-lut, china, phosphoric acid, ferrum, manganese, gelseminum, camphor, capsicum, cantharis, phosphorus, aurum, &c., &c.

ORGANS OF GENERATION OF WOMAN.—Ustilago madis, secale, sabina, platina, belladonna, gelseminum, cimicifuga, caulophyllum, crocus, cinnamon, gossypium, senecio aureus, electricity, apis m., pulsatilla, sepia, cantharis, copaiva, cannabis, terebintha, borax, chlorate of potassa, hydrastia, chimaphilla, tartar-emetic, ipecac., sulphur, mercury, arsenicum, kali bromatum, conium, helonias, kali ammonium, iodine, phytolacca, podophyllum, fluoride of calcium, trillium, hamamelis, zinc, erigeron, asafœtida, scutellaria, valerian, aletris, aconite, veratrum v., bryonia.

LARYNX.—Aconite, rhus vernix, spongia, bromide of potassa, mercury, iodine, argentum, bromine, ammonia, tartar-emetic, kali bichromicum, sanguinaria, cubeba, copaiva, moschus, bella-

donna, gelseminum, cactus, hepar sul., sulphur, phosphorus, verbascum, sambucus, hydrastia, &c., &c.

LUNGS.—Aconitum n., veratrum v., bryonia, rhus t. r. v., belladonna, lachesis, rumex c., tartar-emetic, ipecac., sanguinaria, lobelia, senega, kali c., copaiva, cubeba, sticta, terebintha, dulcamara, hydrastia, allium, pulsatilla, apis m., sulphur, phosphorus, stanum, calcaria in its various forms, hepar sul., hypo-phosphites, lycopodium, iron, ammonium carb., cuprum, bromide of potassa, acalipha-indica, olium jecorus, drosera, iron by hydrogen, bromine, mercury, arsenicum, kreosote, hamamelis, trillium, arnica, acetate of iron, erecthites, plumbum, argentum, erigeron, rhus glab, frasera, secale, millefolium, &c., &c.

TRUNK.—Aconite, veratrum v., bryonia, digitalis, rhus t. v. r., belladonna, arnica, pulsatilla, chamomilla, nux v., ignatia, cimicifuga, caulophyllum, cactus, colchicum, mercury, sulphur, gelseminum, arsenicum, electricity, stillingia, phytolacca, dioscorea, &c., &c.

ARMS AND LEGS.—Aconite, bryonia, rhus t. r. v., cimicifuga, phytolacca, cactus, sulphur, mercury, caulophyllum, dioscorea, pulsatilla, mezereum, stillingia, hydriodate of potassa, chamomilla, propylamine, &c., &c.

Reviews.

THE APPLICATION OF THE PRINCIPLES AND PRACTICE OF HOMŒOPATHY TO OBSTETRICS AND THE DISEASES PECULIAR TO WOMEN AND YOUNG CHILDREN. *By* HENRY N. GUERNSEY, *Professor of Obstetrics and Diseases of Women and Children in the Homœopathic Medical College of Pennsylvania.*

We presume the intention of the author of this work was, to supply students and young practitioners with an elementary work upon the whole science and art of Obstetrics, &c., so that the student, in prosecuting his studies, might obtain from it a clear and correct appreciation of this branch of medical science; that from the information here obtained, he might lay a foundation broad and deep enough for him to erect an elaborate superstructure of facts and observations, which would hereafter serve

him in his capacity of an accoucheur. Evidently this was the aim of the writer when he penned the first six chapters. They are well written; not too concise, but sufficiently elaborate for a work intended to cover the whole of Obstetrics and diseases peculiar to women and children, in a volume of 750 pages. To condense a subject so broad and intricate as this, in a single octavo volume, requires much thought and a great deal of labor. It is divided into forty-six chapters, twenty of which are devoted to Obstetrics proper, twenty to diseases peculiar to women, and the remaining six to diseases of young children. To give to every subject connected with the study of Obstetrics, in a work of this size due consideration, without neglecting the minor points, requires laborious thought, much physical labor, and a peculiar analytical mind. We must consider Dr. Guernsey a pioneer in this branch of Homœopathic literature, for Croserio's little work, can scarcely be dignified with the title of a work on Obstetrics, and I know of no other. The author deserves credit for the self sacrificing spirit manifested in preparing such a book, when he cannot reasonably expect to receive any pecuniary remuneration at this particular stage in the progress of Homœopathy. We do not propose to take up chapter by chapter, and point out the defects which such a work, produced under such circumstances, must contain, neither do we propose to select its more perfect points, and eulogize them *seriatim*. Our only aim is to give our own general opinion of its merits, and how far it is adapted to fulfill the intention of its author. The typography is excellent;—with the exception of several misprints and mistakes, the printer has done his work well. We could have wished that new and better plates, than those illustrating the American edition of Cazeaux, had been used.

The number of chapters allotted to each subject are perhaps in as due proportions as are desirable.

The peculiar views of Dr. Guernsey upon the propriety of inducing abortion in cases of deformed pelvis, etc., are not the received opinions of writers on Obstetrics. He decidedly recommends the Cæsarean section in preference to sacrificing the child's life, in cases where the least diameter of the pelvis is two and a half inches, and above this diameter, if the child is dead, craniotomy *may* be preferable. The best statistics of this

with a record of the most important surgical exploits which have been accomplished in the United States, with the names of the operators, embracing a period from 1802 to 1867, and beginning with the name of Philip Syng, Physic., the Father of American Surgery. A concise and well written article on Surgical Pathology follows, in which the outlines of the normal nutritive process are briefly considered. The wonderful reproductive power of cells is certainly one of the least understood processes of Nature—every cell is a distinct organism. The lowest order of infusorial life, the *monad*, is a *single* minute cell, which requires to be magnified 640 times before it is visible at all, and varies from 1-24000 to 1-5000 of an inch in size. As we ascend in the scale, the number of cells increases, and in these, when one or several of the cells are abstracted and placed under favorable circumstances, the animal will be reproduced. As this independence of cell and cell growth is true of the lower orders of the animal kingdom, so also is it true of man. The various modification of cells, whether physiologically or pathologically considered, is one of the most interesting studies that can arrest the attention of the physician or the micographer, and can merely be alluded to in a treatise upon surgery.

The chapter on Surgical Semeiology is taken from Smith's Principles and Practice of Surgery, and is followed by a complete treatise on the bandage, its uses and its manner of application; this portion of the book is very profusely illustrated with wood cuts, representing the methods of applying the roller, the handkerchief, the pad and other dressings. The cuts, from our remembrance of Smith's Minor Surgery, are similar to those found in that work. To the student for constant study and to the practitioner for general reference, this portion of the book is certainly of the utmost service. We have following this a full chapter on Anaesthesia, which contains an article on Local Anaesthesia by Dr. Comstock, of this city. In this, besides the use of Ether and Rhigolene, mention is made of Xylo-styptic spray and Ferro-styptic ether as useful in controlling hemorrhage, and also of electricity. There are other substances which have been introduced to the notice of the profession for the production of anaesthesia, one of which is the bromide of ethyl, another the chloride of elayl (olefiant gas), which were introduced by Dr. Nunnelly, a well known English physician. At a meeting of the British Medical Association, he stated that both in private practice and in the Leeds General Infirmary he had used both of the above agents with the most satisfactory results whenever it was necessary to produce anaesthesia, and that they not only possessed many important advantages over chloroform, but that thus far no disagreeable symptoms had resulted from their use. Chimogene (*cold generator*) is the name given by Dr. P. H. Vanderweyde to a highly volatile and gaseous product which causes by its evaporation intense cold, and can be made to boil at any desired degree of temperature, from 60 to 30 degrees Fahr.

Chapter IV. is given to the consideration of the means and instruments for arresting hemorrhage. As an instance of the rapidity with which surgical science advances, there has lately been given to the profession a

styptic and adhesive fluid, called *styptic colloid*, introduced by Dr. Benj. W. Richardson, which is not only styptic and antiseptic, but possesses the power of excluding the atmospheric air from wounded or abraded surfaces. It is a species of collodion, containing tannic acid. When the preparation is applied to the wounded surface the heat of the body gradually evaporizes both the alcohol and the ether, of which the solution is composed, and leaves the gun-cotton and the tannin in close approximation with the parts to which it has been applied. In the half-yearly abstract of Rankin, Dr. Richardson relates cases to which this compound has been most successfully used, viz: "cases of profuse hemorrhage; cases of common ulceration; cases of syphilitic ulceration; cases of open cancer; and cases of recent wounds." This fluid forms the base of many other useful medicinal agents, among which are carbolic acid, creosote, quinine, iodine, cantharides, morphia and the bi-chloride of mercury. This substance bids fair to be useful to the surgeon, and will no doubt ere long receive its appropriate place among styptics. It remains, however, yet to be thoroughly tried both by time and experience.

In the chapter upon disinfecting agents, after alluding to the great value of pure atmospheric air, the following articles are mentioned: First. Due notice is taken of the value of chlorine as found in the chloride of lime, the chlorides of potash and soda, the chloride of zinc, and then the binoxide of manganese, nitrous acid fumes, carbon, charcoal, coal tar, creosote and oakum; sulphuric acid, copperas, sulphate of iron, iodine and heat are briefly mentioned and their properties noted.

At the present writing, during the prevalence of cholera, the attention of the profession has been especially directed towards the proper substances for disinfection and deodorization, and Dr. J. H. Baker, in his prize essay, sums up the results of many experiments in the following: For rapid deodorization and disinfection, chlorine is the most effective agent known: for a steady and continuous effect, ozone is the preferable article, in the absence of which iodine exposed in the solid form is best. For the disinfection of fluid or semi-fluid substances, iodine in the form of tincture is most excellent, while for the deodorization and disinfection of solid bodies that cannot be destroyed, a mixture of powdered chloride or sulphate of zinc, with saw-dust, is found very efficacious.

The article, however, which is at present most in vogue is *Carbolic Acid*, which, from its cheapness and the facility of application, has become a most excellent and efficacious disinfectant.

Phenic acid, or phenylic alcohol, is usually accompanied by its congeners, xylic and cresylic alcohols, which adhere to it with great tenacity, and give it the property of becoming brown in contact with the air. For its purification, M. Muller has recourse to a partial neutralization, and afterwards to the fractional distillation of the product. The crude tar cedes to soda or lime water, a mixture of the matters before mentioned, as well as napthaline, which is soluble in concentrated solutions of the alkaline phenates. Water is added to this until it ceases to cause a precipitate, when the liquid is exposed in wide vessels, to facilitate the forma-

tion of the brown bodies and their deposits. After filtering, the approximative quantity of organic matter held in solution is determined, formed principally of phenic and its congeners, which are easily displaced by acids. It was first christened carbolic acid by Runge, a German chemist, who discovered it in 1834. But it is not properly an acid; it is not sour, does not redden litmus paper, nor does it combine with alkalies any sooner than with acids; hence the names phenal, &c.

Phenic acid, when pure, occurs in beautiful transparent needle-form crystals. If the crystals be exposed to the air, in a few moments they absorb a very small quantity of moisture, and are transformed into an oily liquid, which is slightly heavier than water. Although the solid acid is so eager for water, it is satisfied with a very little, and is but slightly soluble in water. It has a burning taste, and a powerful and persistent odor, which people call smoky. It dissolves freely in alcohol, ether and oils, and is itself a powerful solvent of gum, resins, sulphur and phosphorus. We cannot more briefly indicate its more useful properties than to say it is often called creosote, and that it is as like the genuine creosote as two peas. It is a poison to all animals and plants, and is especially destructive to insects and their eggs. All vermin hate the smell of it, and get away from it as fast as they can. But, although it is certain death to the animal, it is kind to the dead body, for it may preserve that forever; any kind of flesh, which has been impregnated with phenic acid, refuses to decay and return to dust. When decay has commenced, by putrefaction or fermentation, phenic acid will stop it instanter, and prevent its recurrence.

Tests for Carbolic Acid.—Carbolic acid is now so largely used as a disinfectant, for which it is pre-eminently fitted, it appears that a spurious article, composed of oil of tar, utterly valueless as a disinfectant, is now being imposed on the public. Mr. W. Crookes directs attention to this fraud, as well as to the following means by which it may be detected. Commercial carbolic acid is soluble in from 25 to 70 parts of water, or in twice its bulk of a solution of caustic soda, while oil is often nearly insoluble. To apply these tests:

1. Put a teaspoonful of the carbolic acid in a bottle, pour on it half a pint of warm water, shake the bottle at intervals for half an hour, when the amount of oily residue will show the impurity.

2. Dissolve 1 part of caustic soda in 10 parts of warm water, and shake it up with 5 parts of carbolic acid: the residue indicating the amount of the impurity. These tests are not scientifically accurate, but sufficiently so for common use.

There has lately been published a treatise on this subject, entitled the Principles and Practice of Disinfection, by Roberts Bartholow, A. M., M. D., Prof. of Materia Medica in the Medical College of Ohio.

The chapters upon catheterism, injections, vaccination, the removal of foreign bodies, are next in order, and are all illustrated, concise, easily understood and well arranged. We notice that in the parts referring to the removal of foreign bodies from the larynx, the Doctor recommends

the plan of holding the patient with his head downwards and slapping him on the back. This is a very important direction, and should be remembered. This method, if we recollect rightly, has been lately (certainly since this portion of Dr. Franklin's work was printed) published in some of the medical journals as entirely new, and three or four cases successfully treated are recorded. Certainly thus far Dr. Franklin may claim priority.

Part III. treats of the vexed question of Inflammation. This chapter follows closely Miller's Principles of Surgery, which, perhaps, all things considered, is one of the best essays on the subject that could be found. To merely *mention* the theories of Inflammation and its terminations, the consideration of hyperaemia, progressive and retrogressive metamorphosis, the homœoplastic new formations, the heteroplastic, heterostopic and hetero-chronic growths, necrobiosis and a hundred other changes, resulting directly or indirectly from the inflammatory process, would be of no avail to the student, and would embrace a space as large as the entire volume. So numerous have been the theories advanced to account for the symptoms of inflammation and inflammatory action, and so wide a field do they cover both in medicine and surgery, that some of the most distinguished authorities hesitate not to announce their inability to give a definition of the term. Paget, for instance, thus writes: "I shall not attempt to define inflammation in any set of terms, for as yet, we are not, I think, in a position to do this," and Mr. Miller inclines to the same opinion. Dr. Hammer, of this city, gives the following: "We define inflammation to be the irritation of a tissue, caused by an irritant agent, always followed by an efflux of nutrient fluid, with an increase of the formative process, and an increase of the tendency to degeneration of the same tissue." We are glad that Dr. Franklin, having in mind the *practical* rather than the *theoretical,* summarily disposes of the *theory*, and gives his attention to the symptoms and terminations of the inflammatory process, devoting twenty-six pages to the treatment, giving the indications tor the appropriate medicines as well as the local treatment. Mention is also made of the Allopathic treatment, which the Doctor concludes with the following quotation from Tanner's Practice of Medicine: "The conclusion appears evident, that in the treatment of acute inflammatory diseases, practitioners must be content to trust more to nature and less to heroic remedies than they have been in the habit of doing: for it is highly probable that, though we may be able to guide inflammations to a successful termination, yet we cannot cut them short. and any attempts to do so will *merely increase the patient's danger.*"

The succeeding parts of the work devoted to inflammatory products and consequences are followed by an article on pyemia, in which latter there is a very important quotation from the Surgeon General's Circular, No. 6. It is as follows: "The histories of 754 cases are recorded in the register, the post mortem observations accompanying a large proportion of the fatal cases. These number 719, or $95\frac{35}{100}$ per cent. Pyemia supervened in 377 cases of gun shot injury, in which no operation had been

performed, and after 295 cases of amputation, of which 155 cases of amputation in the continuity of the Femur. The purulent infection was subsequent to the excision of the shafts of long bones in 27 cases and to excision of joints in 28 cases. It has been one of the great sources of mortality after amputations, and its victims are to be counted by thousands."

We next have a short treatise on the treatment of those fevers commonly met with by the Surgeon, which precedes "Textural Changes, the Effects of Heat and Cold and the Specific Forms of Inflammation." In the latter we observe with regret that when upon the subject of Erysipelas, no especial mention is made of the efficacy of Homœopathic treatment of the disease, which, in this affection, is so eminently useful.

The indications for the use of *Aconite*, *Bell.*, *Rhus tox.*, *Rhus rad.*, *Apis mel.*, or *Arsenicum*, are not given, excepting in a short quotation from a paper from the pen of Dr. Guilbert, of Dubuque, Iowa. This is most certainly an over-sight, and should be remedied in subsequent editions. If there be a disease which shows the superiority of the Homœopathic treatment over that of the old school, that disorder is Erysipelas. It was formerly our custom in the affection, to use local applications, but further and more accurate experience shows that the patients do better without any such topical means, save that of rye flour, which is useful, particularly in the latter stages, to allay itching. There are two facts also which are worth noting in this connection; one is, that persons liable to repeated attacks of erysipelas, when properly treated, are exempt from the danger of subsequent invasion; and the other, that the appropriate medicine must be given for *some time* before any marked change is noticed, in other words, the remedial agents must not be frequently changed.

The other specific forms of inflammation also receive a due share of attention, as Boil, Carbuncle and Malignant Pustule; after which follows a chapter on Tuberculosis, which latter has been given to the profession in the columns of the *Western Homœopathic Observer*.

The next portion of the work is that which treats of the venereal disease, and occupies one hundred and eighty-one pages. This portion of the book is very comprehensive, and treats of each of the varied forms of the disorder. In speaking of chancre, the Doctor adopts the classification of Bumstead, and denominates the soft and non-infecting sore—Chancroid:—the indurated sore—True Chancre. This, especially to the student, is servicable. The old-fashioned nomenclature of syphilis was rather perplexing, from the fact that the DUALITY of virus was not known or understood. Even the great syphilograph Ricord, in his early days, wrote in his celebrated "Letters," "up to the present time we are justified in *denying* the existence of more than *one* virus." It was Bassereau who first stirred up the contest concerning the unity or duality of the virus, and no doubt it was difficult for so old and experienced a man as Ricord to change his views and his teachings. He has, however, certainly done this. In his last lectures upon chancre, he has the following positive language: "The chancre is no longer a morbid unit, but a mixed manifestation, belonging to TWO DISTINCT pathological species." The

one of these is the simple chancre or chancroid, (as Dr. Franklin has it;) the other is the indurated or infecting chancre. The former is one "with a soft base, an affection *purely local*, which limits its effects to the region which it attacks, which *never* exercises a general influence upon the system, which is *never* accompanied by constitutional affections. In other words, it is a chancre which does not affect the economy—*a chancre without syphilis.*" How different is this from the views of the older pathologists when the celebrated Hunter, on the very same subject, thus speaks: "Experience teaches us that the venereal pus presents *no* variety of species, and that *no* difference can be produced in the manifestation of the disease in the malignity of the purulent matter. The same pus exercises on various individuals actions totally dissimilar from one another, the diverse nature of which depends on the constitution and the general state of the economy at the time of infection." Recent investigation and observation have proved other remarkable phenomena in the venereal disease, to all of which it is said that Ricord at present subscribes, one of which is the contagiousness of the secretions of secondary lesions and the blood, the second vaccinal syphilis.

The great importance of proper diagnostication in the two forms of chancre has led to the arrangement of a well drawn table, exhibiting the distinguishing marks of the two varieties of sore. Dr. Franklin has inserted this in his work, and it is of great service. The table is very similar to one we prepared in 1860, while reading the last lectures of Ricord, annoted by Fournier, and translated by Maunder, of London, which was published in the *United States Journal of Homœopathy* for August, 1861.

With such plain directions for making diagnosis as are found in the work we are reviewing, neither practitioner or student need be misled; therefore, in many instances, the proper local treatment will suffice. Our favorite caustic for the local one is the carbo-sulphuric paste of Ricord. It has never disappointed us, and is worthy of trial; of it Ricord thus speaks: "I have successively tried the Vienna paste, potass, nitric acid, the actual cautery, &c. All these have inconveniences, which I need not point out to you, inasmuch as I haved to propose to you a new agent particularly efficacious. This caustic consists of sulphuric acid, mixed with powdered vegetable charcoal in the proportions necessary to form a half solid paste." It is impossible to enter upon the treatment of the infecting chancre or the constitutional lesions and their treatment. We refer the reader to Dr. Franklin's book, and feel sure we can predict satisfaction from a perusal of its pages on this subject.

But we may pass on to what to us is the most interesting chapter in the work, viz: that upon Gun Shot Wounds. Herein the Doctor is enabled to give his own personal experience on a subject of great importance, and what is still more interesting to us, as Homœopathists, can give us statistics of both Homœopathic and Allopathic treatment. If we mistake not, we have read portions of the chapter before in the *North American Journal;* however, it matters not. In his book before us stand facts and figures. In speaking of the superiority of the old school over the new in the treat-

ment of gun shot wounds, he says: "I am fully convinced that the per centage of mortality would have been considerably reduced if homœopathy had been admitted into the army and navy upon equal footing with allopathy. To illustrate more fully the force of this conviction, I may state that an entire ward of thirty beds in the U. S. Mound City General Hospital was set aside for the Homœopathic treatment of such cases as were declared by consultation of my assistant surgeons to be beyond the hope of recovery. This ward I took charge of, assisted by two other physicians of the same school as myself, viz: Drs. Pratte and Wales, and as the result of our practice, *more than 30 per cent of the patients given up by Allopathic medication as hopelessly lost*, RECOVERED under the Homœopathic treatment." This is as an experience which must be preserved for future use; this is an argument that may hereafter, when the circumstances call for its adduction, be of service to the Homœopathic school.

In this chapter upon gun shot wounds many very interesting cases, taken from the experience of the author, are recorded, and much enhance the interest of perusal.

In the treatment of fractures of the thigh, which, by the way, is a sort of scientific battle field, Dr. Franklin prefers the conservative plan, and records fifteen cases of compound fractures of the femur, with more or less comminution of the bone, of which *four* died, amputation having been performed *secondarily; ten* recovered who were left to the conservative process, and only *one* died during that process.

This great question as to the proper treatment of fractures of the femur appears to us, from our *reading*, (having had but very little experience in military surgery,) to settle itself down to the following: First. Do fractures of the thigh generally admit of a conservative treatment; or do they either sooner or later require amputation? Second. Which are the cases in which either of these courses should be preferred? Third. When amputation is deemed necessary from the *first*, ought it to be performed *immediately*, or is it better to wait until suppuration has ensued? According to the table of Dr. Franklin, the total of which we have just given, we find that ten recovered out of fifteen cases, and but *one* died during the conservative process.

The two remaining questions must be and will be for a time very difficult to properly solve, simply because the term *secondary* amputation is not understood by all surgeons in the same sense. It may signify:—In the case of a fracture for which amputation is judged indispensable from the first, *intentionally* to delay that operation, with the idea that if it be performed later, it will prove more successful, or on the other hand:—it may mean to attempt to re-unite the fragments of bone, and if the effort is unsuccessful and the patient's life is endangered, then to remove the limb. In our opinion, secondary amputation should be restricted to the latter.

With reference to primary and secondary amputations, we may give as an example the following table, compiled from the experience of a few of the most renowned military surgeons of the world:

COMPARATIVE TABLE OF PRIMARY AND SECONDARY AMPUTATION.

	Primary.			Secondary.		
	Total No.	Cures.	Deaths.	Total No.	Cures.	Deaths.
Guthrie, after the battle of Toulouse	47	38	9	51	30	21
Ibid., attack on Orleans	45	38	7	7	2	5
Dupuytren	7	2	5			
Baron Larrey	13	11	2			
Roux (1830)	10	7	3	4	4	
Ibid., (1848) Feb	1	1		3	3	
Ibid., June	11	5	6	6	2	4
Ibid., says elsewhere in add'g all the figures.	23	13	10	9	6	3
Baudens	14	11	3	6		6
H. Larrey, (1830) Gros. Caillou	6	3	3	11	5	6
Ibid., (Siege of Antwerp)	54	45	9	10	5	5
Laroche Lyon (1834)	19	6	13			
Monod. (1848)	13	12	1	2		2
	263	192	71	109	57	52
Proportion of cures		73			52	

This experience certainly decides in favor of *primary* amputation in general. Now let us for a moment look to amputation of the thigh especially. We find from a comparison of cases, that the average of immediate amputation is 45 per cent, while secondary operations only furnish about 37 per cent.; and from consulting many tables which it would be unnecessary to record, we find, that taken altogether, comminuted fractures of the four limbs heal better after immediate amputations; that among fractures from gun shot wounds, those of the thigh present the least reparative power, and taking all things into consideration, primary amputations of the thigh present better results than secondary, which is also the opinion of our author, who remarks: "As a general principle, *primary* or *immediate* operations should be performed alike in *civil* as well as military hospitals." Now, with our understanding of primary and secondary amputation, the matter resolves itself to this: If there be, in the judgment of the surgeon, any chance for preserving the limb, save it; if not, *primary* amputation should be resorted to. In the cases reported by Dr. Franklin, four died after secondary operation, and we agree with him that perhaps half of that number would have been saved if primary amputation had been resorted to. But we have already extended this notice to greater limits than we intended. The subject is almost exhaustless, and so full of interest, that the mention of one one topic brings to mind others of greater import, until we find ourselves spending too much time on one point, while we overlook others of equal moment. There are many chapters which we have not noticed at all, and those to which we have alluded are so cursorily looked into, that we feel as though nothing had been done.

The book is a good one, as a text-book on the specialty of which it treats, and should be introduced into all our colleges. And when the second volume makes its appearance it will make a compend of surgical literature, which will be alive in other editions when both the author and the reviewer are dust and ashes. We of the West are especially grateful for the work, and feel an interest in its welfare—not only on account of its worth or its intrinsic merits, but for this. The dedication reads: "To the Homœopathic Practitioners of America;" (and *this*) "especially to the Students of the Homœopathic Medical College of Missouri."

HELMUTH.

The Western Homœopathic Observer.

ST. LOUIS, NOVEMBER, 1867.

THE SUSPENSION OF DR. GARDNER FROM THE NEW YORK ACADEMY OF MEDICINE.

There has been a rumpus in the New York Academy of Medicine: its royal stomach has been made sick: a member has been suspended from this mighty conclave of medical wisdom and *liberality*. The New York Academy of Medicine considering itself the ultimatum of all that is good and great, and wise and noble, and sanctified and just in medical science, has been aggrieved and insulted. Its laws of ethics have been violated; its moral dignity has been degraded; one of its members has been cast out; its doors have been shut; its members hold their nostrils from the ill-favored odor arising from the acts of one of its great men.

Dr. A. K. Gardner, a practitioner of over twenty years standing, a scholar and a gentleman of the highest respectability in the community; the translator of Scanzoni on "Diseases of Females;" the author of "The Causes and Curative nature of Sterility;" editor of "Tyler Smith's Lectures on Obstetrics;" Professor of Clinical Midwifery and Diseases of Women, in the New York Medical College; author of Monographs on "Ergot," "on Uterine Hemorrhage," "Ruptured Perineum;" permanent member of the National Medical Association; member of the Massachusetts Medical Society; member of the New York Pathological Society; Physician for Diseases of Women in the New York Northern Dispensary, &c., &c., &c.—this gentleman, we

say, bearing all these titles, and who is widely known throughout the country, consulted with a Homœopathic Physician and WAS SUSPENDED—(hung by the neck until he was dead)—in the eyes of the Academy. For the glory and good of Homœopathy, for the spread of progress in medical reform, for the advancement of scientific liberality, and to the eternal shame and disgrace of the NEW YORK ACADEMY OF MEDICINE be this fact published wherever a periodical circulates, or where word of mouth can perpetuate it.

Dr. Gardner had an intimate friend—by name Dr. Bartlett—a physician of long standing, and who was a graduate moreover of that *wretchedly* regular school of medicine which denies liberality of speech, liberality of thought, liberality of act, liberality of deed, in fact ALL liberality which science and the nineteenth century would approve. Dr. Bartlett had seen fit, in addition to what he knew of old medicine, to study and practice according to the new school, and, with this learned friend, Dr. Gardner consented to consult in a case of disease. For this *act* he was suspended from that noble spirited association, THE NEW YORK ACADEMY OF MEDICINE. We thank God from this moment that we are not members of such an academy. Men—intelligent, learned, scientific and enlightened men—in this century will not, nor cannot be controlled by any such arbitrary jurisdiction as this so-called academy of medicine would assume. THE NEW YORK ACADEMY OF MEDICINE no doubt dictates to its members on what days they shall have mutton chops for breakfast, and on what mornings the matutinal meal shall consist of eggs. It, no doubt, chooses the politics of each of its members, and directs them to what church they must repair on Sunday to worship God *secundum artem;* it tells them how many buttons each man must wear on his waistcoat, and at what angle he must turn out his toes when walking; and if an unfortunate member should be found in any way derelict in any of the above rules he must be *suspended,* hung, decapitated, cut off from all social intercourse and left to die a miserable outcast. Out upon such acts as these! The public prints in this country will take up such intolerance; they have done so, and will do so again; the whole spirit of the age is against it; all the tendencies of the people are against it, and such acts will not go either unnoticed or without censure. The N. Y. *Times* of the 18th October, says:

"MEDICAL PREJUDICE.—The hostility with which the 'regularly bred' physicians regard homœopathic practitioners, has always been a matter of public notoriety. It was never paraded with more bitterness than in the case of Dr. A. K. Gardner, a 'regular bred,' who was, on Wednesday evening last, formally suspended from membership with the New York Academy of Medicine, for having violated the rules of the Academy in holding consultations with Dr. Bartlett, a homœopathic practitioner. Dr. Gardner, when arraigned, did not deny the fact of such consultation, but alleged that Dr. Bartlett, although a homœopathist, was a graduate of a 'regular' college, was a physician of long practice, and was, moreover, his intimate friend. The debate on the question of suspension was very warm and somewhat lengthy, as each member in turn felt called upon to denounce the 'quacks,' as the homœopathists were termed. During the discussion, several members confessed that they also had committed the offense with which Dr. Gardner was charged, deeming it humane to do so. One member, interceding for the Doctor against whom such a horrible crime was charged, declared that suspension would be his professional ruin, and drew a terrible picture of his 'wandering alone in this great city, and dying a living death if shut out from the Academy.' As the accused gentleman has been a successful practitioner for over twenty years, it is hardly to be supposed that the vote of eleven gentlemen, although 'regular breds,' will crush him entirely. If he has fears of such a result, he has only to join the ranks of the homœopathists, who are nearly as numerous, and quite as respectable as the 'regulars.' While it is an open question alike with the public and the profession, which is right and which is wrong, it is indeed pitiful to see gentlemen of refinement and education allowing their prejudices to carry them to such lengths."

We hope that every Homœopathic periodical in this country will notice this expulsion; we hope that every Homœopathic physician, to whom these lines may come, or to whom they may be read, will give the matter publicity; we hope that, if possible, every country newspaper may record this act of the New York Academy of Medicine, and every other of a similar character that tells of its bigotry and intolerance. There can be no surer evidence of the spread of Homœopathy than such proceeding on the part of the old school; there can be no greater impetus given to that tremendous impulse, which is now shaking the medical world to its centre, the hair from the heads, and the bread and butter from the mouths of the calomelists; the poison from the shelves of the apothecaries, than the wide circulation

of these allopathic anathemas and suspensions. That power which, but a few years since, began with the wonderful efficacy of an infinitesimal globule, so small as to be almost inappreciable to the senses, has increased its momentum until the whole civilized world—whether approving or otherwise—certainly *acknowledges.* We hope the New York Academy will ever, though inadvertently, yet nevertheless surely, thus push forward Homœopathy in the community.

NOTE.—While correcting proof of the above, we have received an extract from the New York *Tribune* of Oct. 21st, bearing upon the suspension of Dr. Gardner. We shall give it all the publicity we are able. H.

MORTUARY REPORT OF THE CITY OF ST. LOUIS, FOR THE FOUR WEEKS ENDING NOVEMBER 1st, 1867.

Accidents	7	Hydrocephalus	8
Arachnitis	1	Hæmorrhage	5
Apoplexy	4	Hydrothorax	1
Atrophia	8	Inflammation	3
Angina Memb	1	Icterus Gravels	1
Abscess of Liver	2	Inanition	2
Albuminuria	2	Laryngitis	2
Ascites	1	Marasmus	24
Bronchitis	6	Measles	1
Bright's Disease	1	Meningites	28
Cancer	7	Mitretis	1
Cholera	142	Old Age	2
Cholera Infantum	58	Œdema, Pulmonary	1
Cholera Morbus	44	Pneumonia	18
Congestion	11	Premature Birth	5
Consumption	26	Pertussis	5
Convulsions	35	Poisoned	2
Croup	5	Paralysis	6
Congestive Chill	5	Peritiphylic	1
Cystitis	1	Pericatortis	1
Congestion of the Brain	6	Rheumatism	2
Colica Pectorum	1	Shot Wound	1
Cerebritis	8	Summer Complaint	5
Debility	20	Suicide	1
Delirium Tremens	5	Scarlatina	2
Diarrhœa	40	Still Born	30
Diphtheria	3	Second Syphilis	1
Dropsy	2	Stomatitis	3
Dysentery	35	Scalding	1
Enteritis	17	Suppression of Urine	1
Eclampsia	2	Softening of Brain	1
Encephcatitis	1	Teething	3
Erysipelas	2	Trismus	8
Embolism	1	Tetanus	2
Fever	59	Tracheitis	1
Fracture	3	Ulceration of Bowels	2
Gangrene	1	Whooping Cough	4
Gastritis	2		
Heart Disease	2	Grand Total	773
Hepatitis	11	Children under five years	275

ERRATA.—In Dr. Hale's article, in October number, on page 217, 4th line from the bottom, for "Homœopathic" read *Allopathic*.

On page 218, 2d line from top, for "person" read *provers*.

On page 218, 13th line from bottom, for "purge" read *proving*.

On page 218, 4th line from bottom, for "Scaelatena" read *Scarlatina*.

In Dr. Gruber's article on "Erigeron in Gonorrhœa," August number, on page 172, 9th line from above, instead of "Tr. Acorn., Tr. Rad.," read *Tr. Acon. Rad.*

Same page, 7th line from below, instead of "Acorn., Rad.," read *Acon. Rad.*

On page 173, 4th line from above, instead of "Aquae Ros, ʒxiii," read *Aq. Ros.*, ʒ*viii*.

Same page, 6th line from above, instead of "a teaspoon," read *a teaspoonful*.

On page 174, 7th line from above, instead of "also," read *slimy*.

Same page, 9th line from above, instead of "grs. 11," read *grs. ij*.

CLASSIFICATION OF A FEW OF THE "NEW REMEDIES," According to the Parts of the Body Acted Upon.

(*After the Plan of Bonninghausen.*)

BY TEMPLE S. HOYNE, M. D., CHICAGO.

(Continued from Page 216.)

Leucorrhœa, thick—Murex., Pod.

Leucorrhœa, greenish—Murex.

Leucorrhœa, bloody—Murex.

Leucorrhœa, transparent mucus—Pod.

Leucorrhœa, watery—Murex.

Prolapse Uteri—Pod.

Uterus, acute pain—Murex, tell.

Uterus, bearing down pain—Asc. s., pod., tell.

Uterus, cutting pain—Murex, tell.

Uterus, constrictive pain—Cact., murex.

Uterus, drawing pain—Aloes, caul., hel.

Uterus, intermittent contractions—Caul.

Uterus, labor-like pain—Alet., asc. s., caul., cimicif., pod.

Uterus, pressing pain—Alet., aloes, apoc. a.

Uterus, pulsating pain—Cact., murex.

Uterus, relaxation of os—Caul.

Uterus, spasmodic pain—Caul.

Uterus, stitches—Tell.

Uterus, weight, region of—Alet., aloes, cimicif., gel., murex.

Before menses, symptoms most acute on the left side—Lith.

After menses, symptoms most acute on the right side—Lith.

Abortion—Alet., aloes, bap., caul., cimicif., erig., goss., sang., verat.

Itching of mons veneris—Eup. p.

Mammæ, burning in—Aes. h., cimicif., phy.

Mammæ, cold chills in—Cimicif.

Mammæ, inflammation of—Cist., phy.

Mammæ, swelling of—Hel., phy.

Mammæ, suppuration of—Cist., phy.

Mammæ, tenderness of—Hel.

Uterine ligaments—Cact., caul.

Excitement of genital organs—Murex.

Sensation of dilatation in labia majora—Murex.

Sensation as if the menses would come on—Gel., sang.

Sensation as if the uterus was congested—Caul.

Sensation in uterus as of a suppurating tumor—Cact.

LARYNX AND TRACHEA.

Remedies acting on—Aes. g., aes. h., aloes, apoc. c., arum, asc. t., bap., cact., cimicif., cist., com., erig., eup. p., gel., ham., hyd., iris, lach., lith., murex, phy., pod., rumex, sang., senec., stict., tell., trill., verat., xan.

Larynx, burning in—Apoc. c., eup. p., gel., lach., phy.

Larynx, cool feeling in—Cist.

Larynx, dryness of—Aes. h., gel., phy., sang.

Larynx, itching in—Cist.

Larynx, roughness in—Phy., tell.

Larynx, tickling in—Aes. h., bap., cact., cimicif., gel., hyd., iris, phy., rumex, sang., stict., tell.

Voice, changed—Rumex.

Voice, hoarse—Aes. h., aloes, arum, bap., cact., cimicif., eup. p., gel., hyd., iris, lach., murex, rumex, tell., xan.

Chest, snapping in the lung—Pod.

Chest, tightness in—Aes. h., aloes, asc. t., bap., cact., cist., hyd., lith., xan.

Chest, tenderness of spaces between the ribs—Asc. t.

Chest, pain extending from apex to base—Cimicif.

Chest, eruption, (see skin.)

Chest, upper part—Cact., gel., sang.

Chest, hemorrhage from lungs—Aloes, cist., ham., trill.

Respiration, anxious—Cist., eup.p., verat.

Respiration, arrested, from neuralgic pain in region of the the breast—Aes. h., cact.

Respiration, almost imperceptible—Gel.

Respiration, hurried—Asc. t., gel.

Respiration, labored—Aes. h., apoc. c., bap., cact., gel., ham., xan.

Respiration, oppressed—Aloes, asc. t., apoc. c., bap., cact., eup.p., gel., murex., rumex., sang., stict., tell., verat., xan.

Respiration, painful—Asc. t., bap., gel.

Respiration, rapid—Aes. h., gel.

Respiration, slow—Gel., verat.

Respiration, short—Aloes, apoc. c., hyd., phy., pod., xan.

Respiration, sighing—Gel.

Respiration, wheezing—Aloes, cist., rumex.

Cannot get a full breath—Aloes, asc. t., bap., ham., iris., xan.

Inspiration, long, with croupy sound—Gel.

Inspiration, deep—Lach.

Inspiration, air feels cold—Lith.

Expiration, sudden and forcible—Gel.

Inclination to take a long breath—Com., pod., rumex., sang., xan.

Unable to take a deep inspiration when standing—Ham.

Remedies acting, region of the heart—Aes. h., aloes, asc. t., bap., cact., gel., ham., hel., lept., lith., phy., pod., rumex., sang., stict., tell., verat.

Palpitation of the heart—Aes. h., aloes, asc. t., bap., cact., hyd., lith., murex., pod., rumex., sang., tell., verat.

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Original Articles.

INTRODUCTORY LECTURE.

At the Good Samaritan Hospital, by Wm. Tod Helmuth, M. D. one of the Surgeons of the Institution.

STUDENTS OF MEDICINE:—GENTLEMEN:

Our object in meeting together in this charitable Instiution invites considerations of a highly important character. In the Lecture Room, and in the more private recesses of our closets we are engaged in the prosecution of studies, the truth and utility of which, opportunities are here afforded of testing and verifying.

The Practitioner of Medicine and Surgery has always occupied a high rank in social estimation. Nor is such estimate undeserved or fictitious, when we reflect upon the long probation of a lifetime of diligent study and experiment, and of the magnitude of the responsibilities which appertain to his vocation.

The various pursuits which engage the attention of mankind either for pleasure or pecuniary reward, while indispensible to the human family individually or collectively, are far less important in aim and are more contracted and selfish in motive.

The Physician is *ex necessitate,* a philanthropist; when called upon to administer to the sufferings of his fellow men he is not to be deterred by considerations of convenience, comfort or emolument from affording the necessary relief;—to him alike are all hours and all times, the night as the day—the storm or the sunshine. He must likewise breathe the air which either conduces to life, or that tainted with the death inflicting pestilence.

Exposed therefore to dangers within and without, and a small tithe only of his brief lifetime permitted for recreation or what are deemed the ordinary pleasures of life; the end of so much sacrifice and denial certainly should be of magnitude, as surely it is—*viz*: Not only to relieve the sufferings to which the human frame is liable, but to snatch many victims from the embraces of death itself.

What then are the means by which is to be obtained a capability to discharge the duties which belongs to a station so responsible? To this query it is replied, diligent and persevering study, profound observation and much reflection.

Books are to be patiently and untiringly read and from their voluminous contents are to be acquired the recorded thoughts and experience of a thousand names of those who in the different eras of the world shed a flood of light upon the various branches of science. The facts which they detail are to be confirmed by the experience, observation and experiments obtained and made in the laboratory, the dissecting room, and if practical medicine and surgery be the chief aims, *at the bedside* of the sick.

It is at this latter position only that the physician is to acquire that practical knowledge, which enables him to fulfill the duties of his profession. He is here to obtain an accurate knowledge of those morbid phenomena with which he has to contend and which it will be his endeavor to conquer. These aberrations constitute the *Science of Pathology* or the symptoms of disease, an acquaintance with which necessarily presupposes a knowledge of the phenomena presented in health or the *Science of Physiology.*

Within the term *Pathology* is included ALL morbid phenomena or all the symptoms of disease. This definition is not confined to those alterations of structure observed in post mortem examnations, or as presented to the eye when such anatomical changes

are taking place externally, these constituting only a very inconsiderable portion of true Pathology. So much importance is attached, by allopathic practitioners to the mere abnormal appearance that these of themselves are supposed to cover the entire field. I would have you therefore bear this distinctly in your minds and confine yourselves strictly to the idea and phraseology of morbid alterations of structure as being only an *item* to the wide-spread significancy of Pathological science. Morbid alterations, indeed, are rather the *effect* of disease than disease itself, and the object of the Physician is to prevent these changes by prescribing for the morbid actions which produce them. An object attained by a close observance of the symptoms which accompany or precede these abnormal alterations.

Allopathy, with its imperfect means of cure and its massive and torturing doses and appliances, and with its coarse conceptions of disease, eagerly fastens its vision upon these *results*, and instead of regarding them as consequences to be prevented, considers them as *disease itself* and devotes all its energies to their removal.

By these remarks upon morbid alterations, let me not be understood as meaning to express the opinion that they are to be disregarded; on the contrary, while attaching to them their full importance, I would caution you against prescribing for their supposed or positive existence as disease itself, irrespective of other symptoms or signs.

The law, *similia similibus curantur*, points to the necessity of an exact correspondence between the symptoms of disease, and it is this harmony of action which it is the duty of the physician to discover. The more exact is his knowledge of all the collateral branches of medicine, the better qualified will he be to detect this union; without such knowledge, although he may often cure, he must often fail, and can only be regarded as a successful empiric. Such an intelligent perception therefore, is to be acquired at the bedside of the sick, and the varied groups of morbid phenomena which disease presents, are for study more conveniently and in greater number to be found in the wards of a Hospital. Opportunities for the study of acute as well as chronic disease are here presented; for the most part

in the former, and most fortunate for mankind is it, that the symptoms exhibited are strongly marked, and thus are easily detected—the means for their subjugation being applied with that readiness which the urgency of the circumstances demands. But it is the latter (chronic) which harass and wear out in their tedious complications, the victims of their attacks, and which by their Protean forms, perplex and embarrass the most erudite and experienced. It is in the successful treatment of these cases gentlemen, that the learned physician is to be distinguished from the pretender. It is upon these that all the energies of mind are to be concentrated. No species of knowledge may be too remote, nor any amount however vast, sufficient. Etiology, physiology, chemistry, anatomy, psychology, meteorology, together with all branches of natural philosophy are to be put in requistion.

In the infancy of medicine, before the nature of disease was attempted to be fathomed, or before any hypotheses were concocted for its elucidation, men confined themselves to the application of simples, to naked clinical experience, or simple empiricism, and as the qualities of medicinal agents, whether animal, mineral or vegetable could only be imperfectly ascertained, such defective or limited knowledge often failed in the desired effects. Various medicines were compounded and administered thus united; in most instances heterogeneous, of varied powers, and of most conflicting qualities; indeed the student of medicine is not only astonished but amazed at the long catalogue of drugs and other ingredients which are found in works which in their day were consulted as authorative. That such villainous compounds (a single prescription often comprising more than a hundred ingredients,) could have been swallowed or confided in, is a cause of the most unqualified astonishment.

Compound prescriptions therefore are the result of improper knowledge, and although at the present allopathic era, trimmed down and divested of ingredients which a more refined and intelligent age proscribes; their still various and varied components together with their *rationale*—very ingenious and plausible to be sure—are still, as they ever have been the recourse of error and ignorance, now all the more strongly marked since the discovery of the law of similia.

When hypotheses of disease were elaborated, an artifical arrangement was given to the different articles of the Materia Medica according to a supposed quality of the different drugs to subdue morbid processes, not however with reference to a similarity but to a contrariety of action. The student of medicine in perusing the various works of the present day, either those of a standard character or such as are merely ephemeral, cannot fail to observe with what eagerness new medicines are recomended upon the most meager and imperfect trials for the cure of peculiar ailments and how ingeniously are enrolled under some section or other of the Materia Medica, being thereby made to conform in their action to some one or other of the artificial order of diseases.

These remarks are made with the view, to show that the discovery of specifics, however the truth may be disguised or the fact controverted, ever has been and still continues to be the constant aim of practical physicians, and this endeavor standing so prominently forward, it is the more surprising that the only law (the law of simile) ever yet detected, by which medicines can be scientifically and certainly applied, meets with such determined and rancorous opposition.

In this Institution you have abundant opportunity for observing the effects of this great law of cure, and as you walk the wards from week to week you will have a fair example of the success of the treatment.

But other very important branches of medicine are also here to be exemplified, and first among these is surgery. To witness a well performed surgical operation is more important to the student than all the reading he may possibly bring to bear upon the subject, and in the wards of this hospital you will have abundant opportunity offered you for such practical knowledge. Almost daily we receive here patients who are affected with surgical diseases, some of them of the most grave character; the treatment of accidents and injuries will also be laid before you and especial attention had to the after treatment according to homœopathic law. We do not profess to set a fracture with the third potency of Nux Vomica, or to reduce a dislocation with the olfaction of Sulphur, any more than an allopathic surgeon would resort to medicinal means to cure the same affections, and

yet strange to say, because the homœpathist does not resort to these means, an argument is brought against the law we profess in the cure of diseases.

We have treated in this hospital all varieties of fractures; amputations, operations for stone, excisions of bone and all the capital operations have been performed before the students of our College, and with a success which has been of a most gratifying character.

With these few hasty remarks, we will proceed to the examination of the patients.

("SPECIALIS GRATIA")—ALIAS "SAM A. JONES, M. D."

BY JOHN T. TEMPLE, M. D.

In the November number of the *Medical Investigator*, published in Chicago, we have this day read an article signed "Sam A. Jones, M. D., Specialis Gratia."

We have read the communication carefully, twice. It is by no means a common production, and we are induced to notice it, not because of its contents, but on account of its vacuity.

In the first place, we are accused of deserting Hahnemann's doctrines, having gone into the domain of absurdity.

In the second place, he does not tell us what *Dynamics* are, but accuses us of being deranged for teaching that Homœopathy is based upon a *knowledge of the Dynamic Power.*

In the third place, he does not tell us what the Organon teaches, but accuses us of profound ignorance of its contents.

In the fourth place, he accuses us of ignorance "of the very meaning of Homœopathy," but does not tell us what it does mean. He asserts that dynamism was a "theory of Hahnemann's, the tail piece of his life work," but does not tell us how Homœopathy could exist without it.

In the fifth place, he says, "that while God made the great therapeutic law," "Hahnemann made the 'dynamic theory'—that the one is demonstrable, the other is not."

He recognizes "Homœopathy as Hahneman saw it, *as he taught it,* as we received it." But Sam don't tell us *how* Hahnemann saw it, or taught it, or *how* he (Sam) received it. In his

conclusion we are admonished to "teach dynamism if you will, but call it dynamism and leave Homœopathy to those who know what it is."

Sam. A. Jones has told the readers of the *Investigator*, that he is a *young man*, and we are convinced from his article that his statement will not be called in question. As it is our business to teach *young men*, we feel it a duty we owe Sam, to give him a short lecture, in hopes that he may learn first principles, and not again expose himself, ("Specialis Gratia.")

As Sam appears to have great respect for Hahnemann, we shall quote from him, not doubting that he will be received as good authority.

In the three great kingdoms of Nature, the animal, the vegetable and the mineral, we find the individual members of all the families in these kingdoms possessed of two properties, a visible material existence, and an invisible immaterial force or power; the one subject to chemical analysis—the other defying chemical tests and analysis, and only manifesting their properties, by the action produced on organized bodies. The chemical elementary composition of bodies gives us no idea of their physiological action—indeed on the contrary, bodies composed of the same elements, in the same proportions have not the same action on the organism when they are subjected to experiment, and this fact arises from the dissimilar *dynamic* power possessed by these bodies. It is not surprising that youth and inexperience should oppose, and even deny the principle of dynamization.

In the beginning of the present century, posology was decidedly heroic. "Pharmaceutical chemistry had not yet discovered the essential principles of drugs." The microscope was still a rude and primitive instrument; quantitative chemical analysis had not attained any great development; much less was there any thought of applying, as is now done, the reactive susceptibility of the living organism to detect through its specific affinities, particles of matter so small as to elude the microscope and the chemist." Hahnemann proved to the satisfaction of all Homœopaths that the first dilution or trituration of any drug contained a more efficient curative power than massive doses. "This demonstration was made long before high dilutions were

used, thus showing that the curative power of drugs is not in proportion to their material quantity, and thus *established* the first principle of the dynamic theory."

"When furthermore he showed to the demonstration of all Homœopaths, that substances which in their crude state exert no medicinal power, such as gold, charcoal, tin, common salt, &c., &c., do after dilution, trituration, or pontization, come to possess a medicinal power, he demonstrated in part the second principle of the dynamization theory."

Prof. Hoppe of the University of Basle, an allopath, says, "that the two great events in Medicine since the early ages have been these discoveries of Hahnemann:

1st. "That for every individual case of disease, the specific remedy, the *individual*—specific remedy must be sought for and found, and that thus in every individual case of disease, the process of cure, is a process of discovery."

2d. "The discovery of Hahnemann, that the remedy acts in small, very small doses, in smaller doses than any one has hitherto imagined, and that in these very small doses it may act more powerfully than in large doses. *A discovery*" says Dr. Hoppe, "*which surpasses in brilliancy* all of Hahnemann's *other achievements.*"

We ask Sam. to turn over to the 97th page of the Organon, 4th American edition, Paragraphs 9, 10, and 12, and see if he *cannot* find something about dynamic power, not as a theoretic suggestion, but as a solid fact. On the 99th page will be found the declaration that "curative medicines possess the faculty of restoring, and do actually restore health, with concomitant functional harmony, by a *dynamic influence only, &c., &c.*"

The great therapeutic law of similia, similibus, curantur was not a discovery of Hahnemann's and never claimed by him. It was known to Hypocrates, Van Helmont, Stork, Paracelsus and many of the Old Fathers in Allopathy, but the knowledge of it did not profit them, and could not have profited Hahnemann, without the brilliant discovery of dynamization. Take away the knowledge of Dynanics from the Profession, and the great Law of Therapeutics would remain as it did from the days of Hypocrates, until the discovery of dynamiza-

tion, a useless law, because of the danger of its application—and Homœopathy would have no existence, because it would have no basis on which to rest.

In closing this short notice of Specialis Gratia, we must say that it would be very difficult to find any communication of the same length, so full of arrogancy, and assertion—and so utterly destitute of reason or logic. We will say farther, that for this second attack on our School, through me, the Faculty return sincere thanks, as they ask investigation of all they teach, and every attack on our School tends to notoriety, and the wider dissemination of our doctrines. Finally, let us declare to Sam A. Jones and all others, that our School has never pretended to give brains to any body, and that if the great truths as taught by Hahnemann, and as we think our School teaches them, cannot be comprehended by some young men, surely we should not be held responsible.

The rapid growth of our Class, and the success of our Graduates in practice, are the best guarantee we can have of the Truth we promulgate.

For Sam's encouragement in his aspiration for a critic's fame, we quote the following lines from Pope:

> "Some men for Wits, then Poets, pass,
> Turn Critics next, and prove plain fools at last,
> Some neither can * * * * pass,
> As heavy Mules, are neither Horse nor Ass."

HYPODERMIC INJECTIONS IN CONGESTIVE FEVER.

BY W. H. BURT, M. D., OF LINCOLN, ILLS.

Mr. W. L., æt. 19; temperament, bilious; very large young man. Aug. 13th, was called in the evening to prescribe for the following symptoms: In the forenoon said he did not feel well, but went down town a short time, returned at 11 A. M. and retired to bed; said his head ached and felt light and dizzy, with nausea and great langor; remained about the same until 4 P. M., when he gradually grew worse. At 7 P.M. I found him in a comatose state, but easily aroused by speaking to him, when he would commence to have spasms of the legs and arms, with wild deli-

rium and a determination to get off from the bed; had to be held on; pulse slow and heavy—65 per minute. I was at a loss to know what was the difficulty with my patient; he had been playing base ball for several days in the hot sun, with the thermometer 92 in the shade. I thought it was *coup de soleil.* Treatment: Belladonna 3 dec. in water every hour through the night.

14th—Found my patient quite comfortable; became rational about midnight, and slept; vomited once in the night. One thing troubled me, his pulse was only 55, and rather weak; his tongue had a yellow thick coating upon it; no appetite; urinated in the night once, discharging an immense amount of urine. Gave merc. cor., 3 dec. every two hours. 1 P. M. called in great haste, with the word that my patient was dying; I found that he remained the same as he was in the morning until noon, when he commenced to have a chill; he was now deathly cold, no pulse could be felt, constant spasms, both tonic and clonic, affecting the muscles of his neck, chest, arms and legs, accompanied with delirium and stupor; when in the stupor the least noise would bring on terrible spasms. It was a great task for two men to hold him in bed, he being such a strong muscular man. A large mustard plaster was applied to his bowels, ice to the head, and four assistants rubbed his extremities constantly with mustard water. I tried to get him to take some veratrum v. and belladonna every half hour until 4 P. M., but the least effort to make him take the medicine would bring on the spasms, with nausea and vomiting. The case looked desperate. All my efforts seemed to be worthless. I now thought of chloroform; procured some immediately; dropped it on the pillow close to his nostrils, and the effect was most pleasing; the spasms were at once controlled, and he lay in an insensible condition until 6 P. M., when the chill left him, and his pulse rose to 130 per minute, with mild delirium. I now gave gels., five drops every hour until 10 P.M. The fever was now fast abating; but I knew what tomorrow would bring forth, and that without some energetic measures were taken to arrest the next chill he would certainly die. He was one of those sensitive patients that could not take anything in the form of medicine without vomiting; I informed his father that if we allowed him to have another chill that I believed

he would die before reaction could take place, and I dare not risk any medicine but quinine, which he declared he could not take. I then informed him, if he would allow me, I would inject it under the skin, and it would have a better effect than to take it in the usual way; he gladly assented to the use of the hypodermic injections. I weighed out carefully 10 grains of the sulphate of quinine, and divided it into three doses, and injected it under the skin of the arm over the biceps muscle at 10 P. M., 4 A. M., and 10 A. M., and waited the result with the most intense anxiety. My patient being the son of our ex-sheriff, the excitement in town was great; report had it that I was injecting quinine into his veins, and the *infernal allopaths* said I was murdering him—he could not live under such barbarous treatment. 1 o'clock P. M. came, my patient had the least shadow of a chill for a few minutes, no spasms, no delirium, but slight fever until 4 p. m., when he was about free from fever and wished to have some supper. I omitted to state that he perspired *profusely* from 12 P.M. to 12 A.M., and I believe it was the effect of the quinine in a great measure. I could not get him to let me inject any more of the medicine under the skin, the acid in which the quinine was dissolved made his arm too sore, but he now was willing to take it in apples; gave four two-grain powders to be taken every four hours. Patient had no more chills or fever, but convalesced rapidly.

Remarks: This is the first case of congestive fever I ever treated with hypodermic injections, and I believe the first one on record. The result was so favorable with the use of so little medicine, that I would urge the profession to give it a thorough trial in this dreaded disease. In yellow fever and the collapsed stage of cholera it ought to be tried. If I had another similar case I would use fifteen grains in three doses; first two injections I would use three grains at a time, the last one nine. I would try and use water instead of the acid to dissolve the quinine. The acid excites too much inflammation. I have used muriatic, nitric and phosphoric acid hypodermically. The muriatic acid gets up the least inflammation of the three. Suppuration never follows the use of the hypodermic syringe, so far as I have used it. No syringe ought to be used but one made expressly for that purpose.

NOTE.—Dr. Burt is in error. There are many cases of Congestive Intermittents

which have been treated with the hypodermic injection of *Quinia*; and deaths *also are recorded from its use*—Tetanus having been produced by the operation. The syringe has also been put into operation for the treatment of collapsed Cholera, in which solutions of *Atropine* were employed. It has also been extensively used by the Allopathists for Puerperal Peritonitis, Puerperal Convulsions, after surgical operations, and for many forms of Intermittent Neuralgia. The Doctor would find it difficult to dissolve Quinine in water—it requiring about 750 parts at 54° F. In may be dissolved in 60 parts of cold alcohol, but the diluted acids dissolve it with greatest facility.—EDITOR.

Translated Articles.

CARDINAL PRINCIPLES OF HOMŒOPATHY.

The following four maxims were adopted as the "Cardinal Principles of Homœopathy" at the last annual meeting—being the 36th—of the *Central Verein Homœopathischer Aerzte Deutschlands*, held at Leipsic on the 9th and 10th of August, 1867:

1. "The law of similarity; S. S. C. is the law of nature, the supreme law of cure of Homœopathy."

2. "In order to apply the law S. S. C. effectually, it is an indispensable necessity, and moreover a vital question to Homœopathy, to have provings of drugs on healthy persons, of both sexes, and of every age, according to the rules of scientific investigations and observations. To the integration and completion of drug provings, we do not exclude the symptoms caused by poisoning, and those observed by the abuse of massive doses of single medicinal agents on the sick; also, drug provings on animals can, with circumspection and the necessary data of their origin, be made useful."

3. "The administration of a single proved remedy, at the time, in a given case, we acknowledge as a fundamental principle of Homœopathy."

4. "The scale of the preparations of medicines from the non-attenuated substance, up to the highest attenuation, must be left to the discretion of the physician."

NOTE.—The meeting was unanimous in the adoption of these principles, and, of course will bear great weight with the profession throughout the world wherever Homœopathy is known. But whether the *Rationalists*, the *Eclectic-Homœopathists*, and the *extreme High Dilutionists* will accept this confession of faith or not, the future will determine. To our mind, the platform is broad and liberal, scientific and progressive, anti-dogmatic, and anti-fanatic, and should be adopted by all medical societies, and faculties of medical colleges of our country.—*Translator.*

SUBCUTANEOUS INJECTIONS.

ASTHMA NERVOSUM.—Dr. Wolf, of Altkirchen refers a case, whereby means of subcutaneous injections of *Morph. Hydrochl.* ½ gr., in the centre of the sternum, the patient experienced immediate relief. Patient, who was not able to lay down, was, in a few minutes enabled to take that posture, and soon fell into a sound sleep. This case was of several years duration, attacks occurring every two or three months.

ISCHIAS.—A case of six years standing; patient forty-eight years of age. Injection points: the regions of *Tuber Ischii*, and Malleolus Exter.; ½ gr. *Morph. Hydrochl.*, repeated twice a week. Relief followed after a few minutes. The patient took internally for about six weeks. Kali jod., then Ferr. hydrag. reduc., and a complete cure was the result.

ISCHIAS—of left leg. Injection point, Trochanter major; ½ gr. *Morph. Hydrochl.*, on 4th, 7th, 10th and 13th Septbr. were sufficient to enable the patient to walk two miles. After too great exertions a relapse, but four more injections were made, and patient has been well ever since.

HOMŒOPATHIC PROVINGS RECOGNIZED BY THE ALLOPATHIC SCHOOL.—Dr. Husemann, of Goettingen, has written a very elaborate article on Nitro Glycerine, for *Schmidt's Jahrbucher*, vol. 134, 1867, in which he cites the provings of Glonoine, by Hering and others, in such a manner, that the Nestor of Homœopathy and all Homœopathic physicians must be highly gratified. Will the "Regulars" of America countenance the able pen, and really interesting labor of Dr. H., or will they denounce it and him, and not recognize him as one worthy of their consideration, because he quotes from Homœopathic works?

GUACO, which has been used by Dr. Robert in Syphilis, with very fine results, has lately been tested in the hospital of *Wieden* with the following results: "Tincture GUACO is undoubtedly a very good remedy in the treatment of chancres. The treatment consists of applying the tincture with a camel hair brush *twice a day* to the ulcer. The time for the cure with this remedy is much shorter then with other caustic remedies. The wash with *Aq. Plumb.*, as advised by Robert, is unnecessary. The *Guaco*

does not act corrodent, it exhibits a neutralizing effect; it causes, for a few seconds burning, but leaves no scab like caustic."

TABES DORSUALIS—*Argent. Nitr.*—A very interesting case; Patient about fifty-seven years old; for six years suffering from Tabes Dorsualis, and continually getting worse, &c. Dr. Eulenberg, of Berlin, gave *Argent. Nitr.* $\frac{1}{20}$ *gr.* five times a day for five months. Patient recovered all his functions entirely, even *erection, which was for four years entirely suppressed.* Dr. E. introduced his recovered patient ten months after the recovery to the Berlin Medical Society.

TETANUS.—Dr. Kirch relates a case of a most violent character in a boy of thirteen years, where *Narcein* $\frac{1}{6}$ gr. effected a complete cure in six days. He gives the case in detail in the *Memorabilien, 1866,* and is certainly of great interest. Morph. acet. and Zinc oxyd. were of no benefit whatever.

LITHIN is recommended by Garrad as a most valuable remedy in *Chronic Gout.* It relieves and shortens the paroxysms, and also effects a cure. As a prophylactic it is also very valuable.

DR. GOULLON'S splendid botanical work is now completed. Who, of our enterprising publishers of Homœopathic literature, will publish it in the English language? If it pays to put such a work in the book trade in Germany, where there are only six hundred Homœopathic physicians, it *ought* to pay in this country with over three thousand followers of Hahnemann.

REMEDY FOR EXTENSIVE BURNS.—Wyslet (*Gaz. Med. Strassburg*) recommends an oil bath for such burns. Place the patient immediately in a bath of Olive Oil, let him remain from eight to sixteen hours. At first cold, then warm—the temperature should never be higher than from ten to eighteen deg. *Reaumur.*

USELESSNESS OF MERCURY IN SYPHILIS.—At a meeting of the *Societe Imperiale de Chirurgie,* Despres made the following remarks: "Gentlemen—I will establish by statistics, gathered from the observations during twenty months of my attendance at my ward in the Hospital Louveine, that Quicksilver, in the treatment of Syphilis—of the primary and secondary phenomena—is worthless. I also propose to disprove, from observation,

all those assertions which are advanced in favor of Mercury; and then I will elucidate upon the physiological-therapeutic action of Mercury." According to Despres' statistics, there are nine per cent. not cured of those who were treated *without* Mercury, and twenty-eight per cent. not cured of those who were treated with Mercury. Dr. D. says, his statistical statement is an annihilator of Mercury, but, says he, "I do not know how it will be assaulted, yet I do know how I shall defend it."

NOTE.—Some interesting discussions are expected upon this subject, and, no doubt, Despres will have to fight the whole medical faculty of France. But if close observations and authentic statistics are of any value at all, to prove anything in medical science, then Despres will be the victor.—*Translator.*

The Western Homœopathic Observer.

ST. LOUIS, DECEMBER, 1867.

HIGH POTENCIES AND INTERMITTENT FEVERS.

The cure of intermittent fevers has always been a source of more or less general dissatisfaction and trouble among the profession. Even the *temporary* suppression of an ague paroxysm is not always an easy task, and it frequently happens that the means employed are not only inefficient, but produce such disastrous effects upon the economy, that a lifetime is scarcely sufficient to entirely recover from the treatment imployed. We have heard the opinion expressed by one of the best homœopathic Physicians in this country;—that it was his belief that a constitution once undermined by severe intermittent fever and violent and inapproprate treatment, scarcely ever recovered entirely from the mixture of malaria and medicine. The hundred nostrums that are in vogue among the people, that are advertised in our daily periodicals, and posted about the streets of our large cities; nay, even hundreds of miles on our lines of railways, on the fences and rocks and trees ;—that are found in the largest drug establishments of the metropolis, and in the smallest store in the country village,—all indicate the difficulty of which we speak and which is more or less appreciated by every physician whether of the old or new school.

In the treatment of intermittents there can be no doubt of the efficacy of cinchona bark and its alkaloid when it is properly indicated. The Homœopathic Physician above all others should be aware of this fact. To it we are indebted deeply, for it directed the mind of Hahnemann towards the discovery of the law which guides us in the selection of all our medicines for all diseases. But we of this age who are so familiar with the use

of cinchona and alas! so fully convinced of its abuses, perhaps are not aware of the good that it has accomplished.

The following table will point out more fully our meaning.

In seven years before the use of bark, that is from the year 1629 to 1636 there died,

Of Measles.....210 or 1 in 374½ of all who died.
" Consumption 15,513 or 1 in 3 1/12 " " " "
" Ague.....10,484 or 1 in 4½ " " " "

The next seven years from 1653 to 1660 when bark was coming into use show the following:

There died of Measles.....399 or 1 in 259.
" " " Consumption 23,707 or 1 in 2 9/10
" " " Ague.....10,466 or 1 in 6½

Making a difference of from 1 in 4½ to 1 in 6½.

Now passing over 80 years and taking seven years from 1734 to 1742 the results are.

There died of Measles.....1,937 or 1 in 112
" " " Consumption 35,650 or 1 in 3 5/8
" " " Ague.....31 or 1 in 3,997

These figures, which are to be found in Dr. Rutherfurd Russell's "History and Heroes of the Art of Medicine," are of the most significant import, and with such facts it will easily be understood how bark became abused: how it was universally sought after: how it became an ingredient of every febrifuge, until every sick man called for the "Jesuits Powder" and took it, whether it was appropriate or otherwise.

The Homœopathic physician, has however (thanks to the bark) other indications for the selection of medicines for intermittents, than the mere appearance of a paroxysm consisting of a chill, a fever and a sweat, all more or less appreciable and occuring with an apyrexia of longer or shorter duration, He has the hundred symtoms which occur before, during or after the paroxysm, the manifestations during the apyrexia, the character of the thirst, the chill, the fever, or the sweat, which, when properly examined, and the similar medicine administered, will be certain to disapear. It is the multiplicity of symptoms which perplex the mind; it is the ever varying character of the paroxysms which discourage the physician.

We have been led to these remarks by some experiments which we have lately been making with homœopathic medicines, and largely diluted ones too, in the recent and almost epidemic intermittent fevers which have been prevailing throughout the west. We have endeavored to be perfectly fair in the expression of our opinion, and to state none but positive facts. In some instances the potencies, the tinctures or both, have failed,—probably from our own ignorance or inability to select appropriate medicine,—and Quinine had to be administered to "break the chills." In other cases where the quinine failed, a single dose of medicine produced the desired results. The first case was that of a lady who had been

for several years afflected with intermittent fever. She had tried many physicians. The paroxysms had been surpressed with quinine. Allopathic physicans had prescribed it in a great variety of solutions and pills; iron and compound tincture of bark and Fowlers solution, had also been exhibited, She was much discouraged, somewhat emaciated, the fever had reappeared with the tertian type, with excessive bone pains, intense thirst, and profuse and very debilitating sweat. In this case, as just then we had been putting the "potencies" to the severest test of practical experience, we prescribed the two hundredth of *Arsenicum;* thus—one powder immediately before the expected paroxysm, and one after it—during the apyrexia, placebo. A very severe paroxysm, perfectly developed in every feature followed this treatment, and from that time to the present there has been no return.

This result was so satisfactory that other cases were put to the test. A gentleman and his daughter were both suffering from intermittents. They resided some eight miles in the country and had been subject to frequent attacks of malarious fevers. They had been cured also with homœopathic medicine; the daughter with *Natrum mur.*; the father, *Ipecac* 2 trit. The symptoms were as follows. The gentleman's paroxysms were tertian and accompanied with great gastric disturbance, with colic and vomiting, twisting pain in the bowels, great thirst and severe headache. Taking into consideration the character of the abdominal pains, the nausea, vomiting and headache, two powders were administered of *Ipecac* 200th. He has not suffered since although *Nux* was necessary to complete the cure.

The daughter was pale, and rather bloated, the paroxysms were in the evening and quotidian, with little shivering, but there was thirst before and during the cold stage. *China* 200th was given, and but one paroxysm supervened. She has been perfectly well since.

A gentleman of active habits, had suffered from ague for eighteen months, had taken quantities of quinine and chologogue and arsenic, was pale bloated disposed to bleeding hemorrhoids and swollen feet with a peculiarly "puffy" condition of the eye-lids. *Apis mel* 200 cured him entirely, no paroxysm succeeding the third dose of the medicine.

Again—Two boys, brothers, from Indiana were affected as follows. One with a Double Tertian. the other with a Quotidian. In the former case the mother stated that she could always predict the advent of the chill by a dry cough which came on with intense thirst. *Rhus tox.* 200th cured him. In the other there was no thirst at all, with good appetite and apparently perfect health during apyrexa. *Puls* 200 was efficacious.

It is unnecessary to give futher illustration of cases; but those that have been noted are, so far, absolute cures with the high potencies. There is no prevarication in the matter, there can be no doubt as to the diagnosis, there can be no doubt of the cures. On the other hand if we were to state that in other cases after a patient trial of the medicines, the alkaloid cured them in a prompt and satisfactory manner, we should be but

stating facts as clearly demonstrable as those cases to which we have alluded as being cured by the potencies.

But it is certainly a great advantage gained, if we have within our reach so many weapons to combat such an insidious foe as Intermittent Fever; and what a comfort it is to think that we possess the whole line of potencies from the tincture, nay even the alkaloids, to the 200th (which for the present are quite elevated enough) whereby we may satisfactorily cut short those paroxysm of fever which have ever been the bane of physicians of all schools.

In our next issue we shall lay before the readers of the *Observer* extracts from the proceedings of the Thirty-sixth Annual Meeting of the Central Homœopathic Society of Germany. The discussion upon the subject of Cholera is very interesting, and our readers will, no doubt, be pleased with the practical portion of it, which will be translated for us.

We give above a portrait of Dr. Gardner, who was "*suspended*" by the New York Academy of Medicine for consulting with a Homœopathic Physician. In our editorial remarks in the last number, we predicted that the public press of the country would notice this illiberal act of the Academy, and the prediction has been verified. The *New York Times*, the *New York Tribune*, the *Independent*, *Frank Leslie's Illustrated Weekly*, *The Nation*, besides medical periodicals, have already loudly censured the ejection of Dr. Gardner, who will, no doubt, reap great benefit from being thus "cut off" from the great Academy, Amen! say we.

THE proceedings of the International Congress of Homœopathic Physicians at Paris, last August, were not of such a high order as was anticipated. Nothing of *vital* importance, for the advancement of Homœopathy, was transacted. The revision of the Materia Medica, the intercession for the teaching of Homœopathy at European Universities, the establishment of Homœopathic Hospitals, &c., all subjects of the highest import, have scarcely been mentioned during the several days session.

PRIZES OF THE WESTERN INSTITUTE OF HOMŒOPATHY.

The following prizes are offered to all Homœopathic physicians:

Dr. Franklin, $100 for the best essay on the diseases of the bones, and their Homœopathic treatment.

Dr. Ludlum, $100 for the best treatise upon the pathology and treatment of dysmenorrhœa.

Dr. Eggert, of Indianapolis, (who was the first to offer such inducements for well written, carefully digested, and thoroughly practical papers,) offers $100 for the best monograph on nasal catarrh and its Homœopathic treatment.

Dr. Helmuth, $100 for the best paper on Syphilis and its Homœopathic treatment.

Each of the gentlemen who have thus seen fit to stimulate the exertions of the profession—not so much by the actual pecuniary reward, as by the honor which may accrue to the successful essayist—has the privilege of appointing his own committee of examination. This committee will carefully and conscientiously peruse the documents that may be entrusted to them, and will report in accordance with the statements of each. In order to secure strict impartiality, the name of the writer *must not appear in any portion of the essay*, but must be written upon a slip of paper enclosed in a sealed envelope, upon which envelope must be endorsed the title of the paper. After the decision of the committee, the envelope bearing the title of the essay which is found to be worthy of the prize, is opened, and then, and not until then, will the committee on any article be aware of the name of the physician who is the successful candidate.

It is very necessary that these papers should be produced at as early a day as possible, and they should *all* be handed in to those offering the prizes, before the 1st day of March, that sufficient time may be allowed for careful reading and appropriate decisions.

DR. HALE'S PRIZES FOR THE PROVINGS OF PTELEA TRIFOLIATA.

1st. Fifty dollars for the best *pathological proving* on dogs or rabbits; said proving to be continued, in each case, not less than a week; to be made with massive doses of the tincture, or Ptelein; and to consist of all the symptoms observed during the life of the animal; a record of the

pathological or normal examination of the diseased organ or tissue, and any abnormal secretion or product.

2d. Ten dollars, or a copy of *New Remedies*, (2d edition,) for the best physiological proving; made with the mother tincture and the 6th dilution; each experiment to extend through the period of one week or more; with record of all the symptoms, and, if possible, the microscopical and clinical analysis of the urine, fæces, and other discharges.

3d. Five dollars, or a copy of *Treatise on Abortion*, and the *Observer* for one year, for the next best proving made above.

Each prover will be presented with a copy of the *Monograph on Ptelea*, when published. *All provings must be sent before January 1st*, 1868.

E. M. HALE.

MORTUARY REPORT OF THE CITY OF ST. LOUIS, FOR THE FOUR WEEKS ENDING NOVEMBER 29th, 1867.

Accidents	5	Inanition	1
Apoplexy	6	Intemperance	1
Atrophia	4	Influenza	1
Abscess	1	Jaundice	1
Asthma	2	Laryngitis	1
Abortus	1	Lockjaw	2
Bronchitis	12	Myelitis	1
Carcinona Uteri	1	Marasmus	21
Carditis	2	Meningites	16
Childbed	2	Mitretis	1
Cyanosis	2	Old Age	3
Cerebral Spinal Disease	3	Pneumonia	24
Cancer	3	Premature Birth	6
Cholera Infantum	3	Poisoned	1
Cholera Morbus	23	Paralysis	3
Congestion	21	Pericarditis	1
Consumption	38	Peritenetis	1
Convulsions	25	Pleuritis	2
Croup	12	Scrofula	2
Congestive Chill	5	Spina Cifica	1
Cystitis	1	Shot Wound	1
Debility	16	Summer Complaint	2
Delirium Tremens	2	Scarlatina	4
Diarrhœa	10	Still Born	38
Diphtheria	5	Second Syphilis	1
Dropsy	2	Stomatitis	-
Dysentery	28	Scalding	-
Diabetes Mellitus	1	Suppression of Urine	-
Epileptic Fit	1	Softening of Brain	-
Enteritis	11	Teething	1
Eclampsia	1	Trismus	8
Erysipelas	1	Tetanus	3
Fever	51	Tracheitis	1
Gangrene	1	Ulceration of Bowels	1
Heart Disease	4	Uterus Intestina	1
Hepatitis	4	Whooping Cough	2
Hydrocephalus	5	Yellow Fever	1
Hæmorrhage	4		
Inflammation	4	Grand Total	478
Icterus	1	Children under five years	207

THE WESTERN HOMŒOPATHIC OBSERVER.

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H. C. G. LUYTIES, Proprietor and Publisher.

ISSUED MONTHLY, AT ONE DOLLAR AND FIFTY CENTS A YEAR, IN ADVANCE.

All communications, whether of a business or literary character, must be sent to the Proprietor and Publisher of this paper, No. 306 North Fifth street, between Olive and Locust streets.

Original Articles.

SURGICAL CLINIC AT THE GOOD SAMARITAN HOSPITAL.

BY WM. TOD HELMUTH, M. D.

[Reported by a member of the class.]

GENTLEMEN:

The opportunities afforded for the study of practical surgery in this institution are not to be surpassed by any charity of similar dimensions in this country. It gives me the greatest pleasure to offer for your consideration important surgical cases thus early in the term, because it will afford you facilities for observing the success of the treatment. You will be able to form some just conception of the superiority of the new over the old school, in the treatment of surgical disorders. The first case that I shall offer for your consideration is that of a varicose ulcer, with enormous swelling of the leg. This patient was shot in the thigh some four months ago. The ball was extracted and the original wound healed. So soon, however, as he was able to attend to his business, the leg began to swell and to assume that *bluish* appearence which, you will observe it now possesses. This is owing to what is termed *varix* of the veins of the leg. No doubt the ball in its course through the

upper portion of the thigh has obliterated a portion of the Saphenous vein, which in itself would be quite a sufficient cause for the varicose condition of the part; or indeed a moderate amount of phlebitis may have been occasioned during the healing of the wound; which also would cause obstructed venous return, that constitutes the abnormal condition in question. A varicose limb becomes very much swollen, the coats of the veins are often thickened, the vital power is much impaired, the temperature is diminished, the parts assume that dark blue appearance, to which we have already alluded, and are excessively prone to the inflammatory process, ending in ulceration which is generally of a tedious nature, although we find that the *irritable* sore (of the older classifications) often is accompanied with varicose veins. You need not expect to perform a cure or even to receive much palliation for the treatment of such a sore as this unless the following essentially surgical treatment is resorted to:

Purely medical means will, according to my own experience, fail in the majority of instances, unless accompanied with those surgical manipulations, which I wish you to bear in mind. 1st. A horizontal position of the limb. 2nd. *An even* support given by a roller applied from the foot to the knee; and, 3rd. In cases like the present where the sore is rather of an indolent character the application of adhesive straps. One and all of these means I shall use in this case, as follows: I shall cleanse the sore with simple soap and water, and having raised the limb to a horizontal posture, (having previously prepared adhesive straps of sufficient length to pass around the limb,) I apply the first strap from left to right across the leg: the second from right to left, and so on ascend up the leg allowing each of the straps to slightly overlap the preceding. When the whole sore has been covered, you must apply a roller thus:—having made a couple of turns around the ankle joint make several figure-of-eight reverses around the instep under the sole and and back again to the ankle, and having almost covered the foot, ascend on the leg making the circular and reverse turns (as you perceive) from the ankle to the knee.

The patient from the indolent nature of the sore will be put upon calc. carb. 3 gr., two doses per day, the bandage be reapplied every second day, and the straps twice a week. I may re-

mark here that there are very few ulcers of the class which I here show you, but will be at least very materially benefited in a short space of time by this method of treatment. In fact since I have adopted this appearently simple procedure and made the patient presist in it, I have succeeded very much better than while using merely medical means.*

The next case, Gentlemen, is one of much more importance, and is one which will test our skill not only in diagnosis, but as to the appropriate treatment to be adopted.

Here is a little Girl, aged 14 years, who, for the past four years, from an injury received upon the knee, became affected as I shall detail to you. She has been under the care of very many Physicians and she comes to us in a very unfavorble condition. You perceive the enormous swelling of the knee joint, but that the tumefaction is not hard, but doughy; you will fix in your minds the position of the tubercle of the tibea, the attachment of the four-headed extensor of the anterior face of the thigh, and the position of the patella. On each side of that sessamoid the swelling is rather more protuberant and softer. If we compare the two legs together we find a marked difference in the three especial points. 1st, The affected leg is scarcely one-third the size of the opposite one. 2nd, It is much diminished in temperature, it is almost as cold as death; and, 3rd, It is blue and mottled in appearance. What then do these very important symptoms indicate? Serious disease of the cartilages of the knee joint with more or less accumulation of fluid in the cavity of that joint.

The complex formation of the knee is so necessary to be understood that it will be profitable for me to enter for a few moments into a description of its anatomy. (The Professor here entered minutely into anatomical detail, with a careful discription of the duplications of the Lynoveal membrane.) There is evidently in this joint some fluid, and I am disposed to believe serum. I am fearful, also, that there is degeneration of the cartilages. The joint is perfectly useless. The motion of the leg impossible—in fact it is a useless encumbrance. It demands amputation. Before, however, we resort to this, we will explore

NOTE.—The ulcer has healed and the patient left the house, since the clinic.

the swelling; and the best method for so doing is by means of a little instrument which I here show you—a very fine ticou. and camula. I will introduce it into the most fluctuating part of the swelling; but as nothing passes through the camula, I will explore further in the following manner: Taking a knife with a long slender blade, with a sharp and double edge, I will introduce it obliquely as far away from the site of the disease as possible and pass its point into the cavity—in other words, I make a valvular opening in the healthy parts. You preceive that a bloody fluid flows from the wound—small in quantity and rather thick in consistence. I shall place her upon good diet; give her hepar. sulph. 3rd, every three hours, and bring the case before you at another time with its continued history.

After a few remarks on the construction of the foot and diseases of the ankle joint, the clinic closed.

(Translated for the Western Homœopathic Observer.)

DISCUSSION ON CHOLERA.

[From the proceedings of the thirty-sixth Annual Meeting of the *Centralverein Homœopathischer Aerzte Deutschlands*, held on the 9th and 10th of Aug. 1867, at Leipsic.]

After a lengthy, but very minute and highly interesting debate, upon the causes of Cholera, its propogation, and the appearance of the same, in various cities and towns of Germany, in which most of the members present participated, Dr. Kafka proposed to enter now upon the therapeutical part of the discussion, and suggested to proceed in the following order: first, to discuss Cholera-Diarrhœa, then Cholerine, and lastly, the Cholera stage proper.

Dr. Meyer opened as follows: His experience and that of his colleagues in Leipsic, was, that in Cholera-Diarrhœa, very good results can be effected with *Veratrum*. However one must be called in time, and no other symptoms besides diarrhœa, excepting nausea, must be present; pulse and temperature of the body must not be reduced. For this stage, *Verat.* is the great remedy.

Dr. Rentsch: Has treated Cholera in several epidemics, and has found in Cholera-Diarrhœa and Cholerine, *Verat.* very effectual.

Has also used *Camphor*, with equal good results, for instance, in Asphyctic Cholera; lately has employed *Camph.* as recommended by Rubini.

Dr. Lorbacher: He also could testify to the value of the *Verat.* in Cholera-Diarrhœa. *Ipec.* and *Acid. Phos.* are of service in very mild cases. Has observed excellent effects from *Camph.* (Rubini.)

Dr. Fischer: Desired to hear more experience related with the Rubini *Camph.* treatment. He went through the epidemic in Berlin, and used *Camph.* (Rubini), and considers it as an abortive remedy. In the latter stages, *Camph.* is of no service; this remedy causes also various troubles. In Berlin, he gave one drop hourly, and if after three hours, no improvement, then he gave other remedies; but as said above, as an abortivum, *Camph.* has stood the test.

Dr. Hartlaub: In former epidemics, *Camph.* has been used and considered a specific. It was in a solution of $\frac{1}{8}$, very good results were attained by it; but soon other special homœopathic remedies were called for. Regarding the speedy action of remedies, he believes, that we can not make them depending upon their speedy action manifested in the healthy organism; but we have to be guided by Dynamisation in our therapeutic results, for the same remedy acts quick in one case and slow in another. This is exactly the difference between the dynamic and physical remedies.

Dr. Kafka: It occurs to him, that the gentlemen consider Cholera-Diarrhœa as common Diarrhœa. Not every Diarrhœa, is Cholera-Diarrhœa; but it may be caused by intestine Catarrh, by eating of fruit, &c. Diarrhœa occurs with various symptoms, and numerous remedies are of benefit. Cholera-Diarrhœa may be painless or with pain, or it may appear with rapid sinking of strength, and thus Cholera proper may be feared. In painless Diarrhœa, whether Choleraic or not, *Phosphor* is the best remedy. Diarrhœa with pain, is controlled the quickest with *Opium;* but when the Diarrhœa is very violent, and accompanied with great pain, then *Verat.* is the best remedy, and then it is also sufficient to prevent the attack of Cholera.

Dr. Hartlaub: *Argent. Nitricum* is also an excellent remedy in Cholera-Diarrhœa, with pain in the calves of the legs.

Dr. Rentsch had experience during the epidemic in Potsdam, (Prussia,) with *Phos.*, and was very successful. *Camph.* and *Verat.* were of no use.

Dr. Wipprecht: During the last epidemic in Breslau, *Phos.* was of no benefit; all the Physicians discontinued its use entirely. They administered mainly *Verat.* and *Ars.*

Dr. Kafka: He had to acknowledge that *Phos.* alone did him no service, but combined with *Aether*, it produced splendid results.

The President suggested that the debate could now be opened on Cholerine and Cholera proper. He remarked however, that in therapeutics perhaps, these conditions ran so close together, that a definite separation of the two stages, is not always possible. Dr. Kafka understood under Cholerine, Cholera-Diarrhœa with vomiting, and other symptoms, indicative of Cholera; while Dr. Meyer would classify such cases as simply not very serious cases of Cholera, because, if cases of this character were not cured soon, the more dangerous stage of Cholera proper would be developed.

Dr. Fischer: Believed that viewing the subject from a scientific stand-point, a difference must be made. He regarded the stage of real Cholera, as symptoms of death—he was confirmed in these views last year, in Berlin. The first case of Cholera in that City, was a sailor; the man was sick only eighteen hours, up to that time apparently in good health; but at the post-mortem, diphtheritic ulcers were found in the rectum, which must have been present, previous to the attack of the sickness. Dr. Cohnheim laid this case before the Medical Society of Berlin. The Cholera process can consequently have effected the system for some time, without any apparent symptoms being manifested.

Dr. Kafka: Cholerine is not Cholera; the latter is the third stage, which manifests itself in a higher degree, while Cholerine appears merely as an ordinary ailment.

Dr. Meyer: Rejoined, that in view of these remarks, he must confess, he did not know any difference between Cholerine and Cholera-Diarrhœa; for as soon as we denote Cholerine a different condition than Cholera-Diarrhœa, then we must already have rice-water discharges and cramps—(Dr. K. agreed with

him.) Dr. M. continued: Such a case occurred to him in a merchant, who had already from five to six hours, every five minutes, very copious rice-water discharges, cramps in the calves of the legs, and in the upper arm, and felt icy cold. The room (at the hotel) which he occupied, was very unfavorable, small and filled with people, who looked upon the sick man as beyond recovery, &c. He thought *Verat.* would be of no benefit, and gave *Camph.* (Rubini), every quarter hour, five drops. After a few hours, (the stools became less frequent,) a little warmth was perceptible and the cramps milder. Continued *Camph.* at longer intervals, for twenty-four hours. On the third day he met patient on the street, and on the fifth day was able to leave for his home. Certainly this man was near death's door. In other cases he had seen no good results from *Camph.*

Dr. Fischer: If, after two to three hours, he perceives no effects from *Camph.*, then he discontinues it, and gives *Cup.* or *Verat.*, especially when there is unquenchable thirst, and great anxiety.

Dr. Rentsch: Would repeat, that the remedies he found serviceable in Cholera-Diarrhœa, were equally good in Cholera. It occurred to him from observations which he had made during various epidemics, that we need pay less attention to the simile of the symptoms, than to the general character of the epidemic and the respective experiences. In one epidemic he used *Ipec.*, *Verat.*, and *Phos.*, and in another, *Camph.*, and thus he varied also in individual cases.

Dr. Schneider: Had employed *Camph.* (Rubini), in two cases of Cholera paralytica, with no good results. In Diarrhœa, during the Cholera season, with feculent or green stools, and bilious vomiting, *Ipec.* and *Verat.*, alternately, are of great benefit, and the Diarrhœa never runs into Cholerine or Cholera. In real Cholera, he used *Verat.* and *Ars.*, fourth or fifth potency, with the happiest results.

Dr. Severin: Had passed through various epidemics, and is perfectly satisfied with his results, and acknowledges the superiority of Homœopathy over Allopathy in this distressing and severe disease. In cases of considerable severity, he gives one drop of *Camph.* on Sugar, every two or three minutes, till six, eight or twelve drops are taken, and then generally prepares

Verat. 2 (cent.) ten to fifteen drops in water, and gives a dose every three or five minutes. But in cases where the vital power has not sunk very low, then he gives *Ipec.* once every three minutes, for three quarters of an hour, to one and a half hours, followed by *Verat.* according to circumstances, every ten or fifteen minutes. *Verat.* and *Cup.*, alternate, if the strength is much reduced; but as soon as somewhat augmented, *Cup.* was discontinued. However, if the patient sinks very rapidly, then *Ars.* 3, or *Secale* 3, was given. He repeated, that in all epidemics in Rome, Vienna, Naples, &c., the results he met with, were to his greatest satisfaction. The main point, however, is, energetic action. If we give medicine only every half hour or hour, we can not succeed. As an Allopath, he treated about four thousand cases of Cholera while in Hungary.

Dr. Kafka: His experience concurred fully with the observations related. Could also agree with what Dr. Rentsch said. In Prague, they had excellent results with *Aether Phosphor.* He communicated several cases to the Daily Press. Other Physicians employed the remedy stronger, (Spir. Phos.) but he administered only two drops. He added to the third Dil. of *Phos.*, two drops of Aether—this was sufficient to treat a whole legion of Cholera cases, and arouse the vital power. In 1854, the Allopaths in Prague had considerably manipulated with Aether, and they were very helpless with it. He told them to experiment on themselves, with their solution and Tannin, in tablespoonful doses, as they gave it to their patients; and that they would experience for eight to ten hours retching. Of course they laughed at him; one of them, however, carried out the experiment, and he had actually during the whole day, pain in the stomach, and retching. The experimentor came to the conclusion that Aether was very hard to digest, and Tannin even more so, and that both were not fit for the Cholera patients. It was absolutely necessary that Aether must be given in very small doses. Again this preparation could not be considered as being two remedies—it was a single analepticum, which aroused the sunken vitality. If we had no analeptic on hand, which arouses the sunken strength, our patients would die; on the contrary however, we can restore even the dying.

Dr. Severin: Had the Cholera himself, was very sick, in fact was considered nearly dead; four Physicians left him, and said that he was gone, Rubini was one of them. An old Physician, however, thought of using Aether, or the Wine Bath. He sent speedily for Aether, threw him upon a straw tick, tore his shirt open, and poured Aether upon his chest and the pit of the stomach, which aroused him somewhat, then he turned him over and poured Aether upon his back. And by these means he saved him.

After some remarks upon the preparation of Phos. and Phos. Aether, the discussion upon Cholera closed.

Correspondence.

BOSTON, Dec. 9th, 1867.

MR. EDITOR:

For one of our fraternity to leave St. Louis in order to visit the "Hub of the Universe," to study certain specialties, is something of rare occurrence. Such, however, was the object of your correspondent. I arrived in Boston Dec. 2nd, and since then have employed myself in attending the clinics, and witnessing the operations at the two Hospitals, (Massachusetts General Hospital, and City Hospital,) in hearing the medical lectures at Harvard University, and especially the private course of lectures of Prof. Dr. Storer, upon the surgical diseases of women, delivered to Physicians only. Dr. Storer was a pupil and the assistant of Prof. Simpson, of Edinburgh, and, in connection with Dr. Priestly, of London, has edited and published an American edition of the obstetrical works of the great Scotchman. Dr. Storer, who is celebrated as a Specialist, delivers a course of lectures twice a year, in June and December, to Physicians only, who are required to exhibit their diplomas, and pay a round price for the course. Some twelve constitute the class, and come from different States. The great advances made within the past five years in the treatment of uterine diseases, have necessitated Physicians, as it were, to almost study their professions anew, or they will be left far behind. All the recent

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But to return to Boston! The Massachusetts Medical College, or Medical Department of Harvard University, is now holding its eighty-fourth session.

The number of its professors, and private instructors are twenty-four; among them are the following: Dr. Storer, Oliver Wendell Holmes, Brown, Seynard, Bigelow, Jackson, Jeffries Wyman, and others nearly as celebrated. Since I have been here I have heard principally Storer, Holmes and Bigelow. Dr. Holmes is one of the best lecturers upon Anatomy I have ever heard. He is a man of small figure, over fifty years old, in manner very gentle, and perhaps a little diffident; his face is exceedingly pleasant; he is animated; his language simple, chaste, and well chosen; his enunciation perfect; and withal, as a medical professor, he is a beau ideal. In his lecture to day he spoke of the occipito-frontalis muscle as emphatically a muscle of expression, and added: "Those of you, gentlemen, who had the opportunity last night of being present at the readings of our distingused visitor, (refering to Charles Dickens,) must have remarked the expression of his forehead, and with what facility he used his occipito-frontalis muscle." Dr. H. said, in lecturing upon the muscles of the lips, that the mouth was the centre of expression, and far more expressive of character and intention, than the eye; he said thieves apparently know this, for they always, if possible, conceal their mouths with a mustache.

Dr. Bigelow exhibited a stump in a patient where he had amputated the leg at its lower third, eight days previously: the patient had three years ago caries of the tarsal and meta-tarsal bones, and his leg had been amputated two years ago, at the ankle, (Syme's operation,) but the flap never healed, and therefore a second amputation became necessary. The case was precisely similar to an amputation made in the "Good Samaritan Hospital," by your correspondent on the 23d of October last, where acupressure was used instead of ligature, the stump healing by first intention; but the result in Dr. Bigelow's case was not so favorable, as union did not take place by first intention, which might have happened if acupressure instead of the ligature had been employed.

I have seen no case in the Hospital here where acupressure was employed, but Dr. Storer, Jr., uses it exclusively in private

practice. He stated in a lecture that when Prof. Simpson first proposed acupressure, Prof. Syme took Dr. Simpson's paper, and tore it up in the presence of his class and threw the fragments into the spittoon.

Dr. Cheever, Surgeon to the City Hospital, in a lecture which we heard him deliver, spoke highly of acupressure, and promised to emply it as soon as he should have an opportunity. Acupressure is a method of arresting hemorrhage in arteries by applying to them a temporary pressure, by needles or silver wire, instead of permanent inclusion, by means of flexible silk ligatures. Dr. Simpson, of Edinburgh, was the discoverer of this method, and its advantages over the ligature of Ambrose Pare, is that the latter proceedure involves the sloughing and reparation by an ulcerative process of the tissues, especially the end of the cut artery, embraced in the knott, and thus renders union by first intention, next to imposible; whereas, e. g., in amputation, the acupressure-needle (which is similar to an ordinary shawl needle), is inserted into the flap from its cutaneous surface, and pushed through the same perpendicularly, so that its point emerges just over the artery about six lines above its cut extremity; the head of the needle is now depressed so as to press upon the artery, (in the same way that a rose is pinned upon the lappel of a gentleman's coat,) and then pushed back through the flap so that its point now emerges through the skin—thus constricting it in the same way that the rose is fastened to a gentleman's coat. Within twenty-four hours the needles may be withdrawn, and a sufficient coagula is formed above the needle so as to effectually stop all hemorrhage, and the end of the stump not being interfered with by any foreign bodies, such as ligatures hanging out, it will, as proved by statistics, heal by first intention in more than fifty per cent. of cases.

In the Surgical wards of the two great Hospitals, I have seen many cases of fractures treated; but for fractures of the lower extremities, among all their numerous appliances, some of which are rather new and novel, I have not seen anything equal to N. R. Smith's anterior splint, such as we use in St. Louis, at the "Good Samaritan Hospital." I have seen in a good many cases the glue-bandage or splint, applied in fractures, and also in sprains of the ankle and joints. This splint is intended a as sub-

stitute for the Plaster of Paris bandage; and we must say, owing to its ease of application and lightness, it is far preferable to the last named. It does not dry quite so quickly, but it is easier for the patient, is just as firm as the gypsum splint, and can be removed with much less trouble. In fractures occuring in children it is admirable. One case we saw, in a child two years old, where from an injury both legs had been fractured, and where it was applied with the best results. There seems to be a hobby in Boston just now, for Carbolic Acid—every ill-conditioned sore or ulcer, is dressed with it; especially old ulcers of the tibia, running sores from gun shot wounds, after the extraction of the ball; in all cases where poultices are applied to any running sore, they are saturated with Carbolic Acid; even sponge-tents for dilating the os uteri, are soaked in it previous to preparing them by compression. A very interesting case of a recurrent parotid tumor was extirpated by Dr. Bigelow. The operation required more than half an hour, and the patient was much exhausted after it, so that fears were entertained of her recovery. An enormous fatty tumor over the crest of the ileum was removed; a case of hydocele was exhibited, the puncture made and the water withdrawn; then it was intended to inject the sac with iodine, but the surgeon of the ward, Dr. Cabot, suddenly changed his mind about the diagnosis of the case, finding a hernia complicating it, and existing with the hydocele;—before operating he asserted such was not the case. A case of orchitis was operated upon by making several incisions into the tunica albuginea. This was to me quite a new operation. The result was favorable. In all the Boston Hospitals we find chloroform given up, and ether, pure and uncombined, only used.

In the clinic for eye diseases, presided over by Dr. Williams, who is a master of his art, we saw a great many cases of diseases of the eye, but they were mostly catarrhal or granular ophthalmia, and the treatment of such cases has not altered much. Sulphate of copper in crystal, or alum in crystal, is used now quite as much as it was ten years ago. Dr. Williams, has made some modifications in operating for cataract; he has invented a small needle for inserting a suture in the flap after extraction of the lens. This is said to be a great improvement, and is well tolerated, giving a far better result than where it is not

used. The Bostonians would like to claim ether as their own discovery; it is proved, however, beyond doubt, that the late Dr. Horace Wells, of Hartford, was the original discoverer of this boon to mankind; but they are erecting here a public monument, called the Ether Monument, a description of which is here added:

THE ETHER MONUMENT.—The Ether Memorial on the Public Garden is nearly completed. There is to be a fountain, the water issuing from the mouths of lions, and lilies growing almost in the lions' mouths. Above, on the four sides, are inscriptions, and also in relief, four different views in which ether is applicable in assuaging pain. Surmounting the monument will be the Good Samartian group, as usually pictured, the whole rising to the height of some thirty feet. The work is completed except the group upon the top. No attempt is made at crediting any person with the discovery, the inscription stating that it was first successfully used at the Massachusetts General Hospital.

In a future letter I will have occasion to speak of Chelsea Hospital, and also of internal diseases as well as Surgical cases; in the meanwhile excuse this hasty communication.

T. G. C.

MEDICAL PREJUDICE.

DR. HELMUTH:

Dear Sir:—In an ordinary business communication, recently addressed to an editor of a Weekly Allopathic Medical Journal, I enclosed the subjoined statement with regard to the late action of the New York Academy of Medicine:

"The remarks of the editors of the Times and Tribune, with regard to the recent unwise action of the New York Academy of Medicine, were printed in one of our local papers. I mailed one hundred copies to Homœopathic Physicians, in this and other States, requesting the re-publication in local papers. Another Homœopathic Physician mailed one hundred and fifty copies. We are aware of the aid you are rendering us in developing and strenthening public sentiment in our favor."

In the next issue of his journal, he published the above as a communication from a correspondent of the "homœopathic pursuasion," under the title of "Cold Comfort," and added:

"We are very willing that our friends of Hahnemannic tendencies, should extract all the pleasure they can out of the action

y. But, verily, it seems to us, that what gratifi-
t from it, must be in quantities as infinitesimal as
ases."

I addressed him as follows:

find comfort in an occasional prospective and retro-
rvey of our position. Fifteen years ago it would
difficult, if not impossible, to have secured the inser-
dvertisements even, of articles similar in import with
ntly issued as editorials in the Times, Nation, Tribune,
dent, and numerous other journals of less extensive
tion.

We do take comfort in observing that such men as Drs.
r and Hocomb are willing to maintain an honorable and
d position in spite of the anathemas of the New York
emy of Medicine. The expulsion of Dr. Gardner and
obable expulsion of Dr. Hocomb, will prove an element
akness rather than strength. The Academy has a right to
and enforce its own rules; but when an inquisitorial regu-
n of this character is enforced, the result will prove advan-
ous to the opponents of the Allopathic School. 'The blood
the martyrs, &c.'

"Have you not heard of the recent transfer of an Ophthalmic
Dispensary, in New York, from Allopathic to Homœopathic
supervision? This little event affords us several grains of
'comfort,' not in the least diminished by the recent conversion
of the Allopathic Surgeon, retained to watch the results of
Homœopathic treatment, and to expose the fallacies of the
system.

"We derive another item of 'comfort' from the fact that a
proposition for elevating the standard of medical education just
mitted to the Constitutional Convention, now in session in
city, recognizes the Homœopathic School as a part of the
ar medical profession, the author well knowing that an
pt to make such a provision applicable to the Allopathic
l, alone would ensure its speedy rejection.

ll another source of 'comfort' looms up into sufficient
rtions to be plainly visable without glasses. We have a
surance Company in this ancient Dutch city, which reduces
miums annually in favor of practical homœopathists.

We have issued more than two thousand policies, and have had five losses, three under ordinary or Allopathic rates, and two under Homœopathic or reduced rates of premium, while *four-fifths of our insurances are taken at reduced rates.* Here is an item for our *Amaurotic Allopathic friends!*

"Homœopathy does not necessarily consist of infinitesimals. A person may practice homœopathically in the use of only or chiefly low attenuations, or crude drugs. This has been my practice for many years past. Do not fear to receive truth from a homœopathic source."

Yours &c.,

H. M. PAINE, M. D.

NORTH WESTERN PROVOR'S ASSOCIATION.

The annual session of the above society was held in this city, November 12, 1867.

The meeting was called to order by the President.

The minutes of the last session were read and approved.

The following gentlemen were proposed, and duly elected members:

Drs. E. Perkins, W. S. Johnson, T. J. Merriman, C. S. Fahnestock, J. M. Cunningham, A. M. Wells, E. W. Rogers, J. B. Compton, J. D. Taylor, E. B. Beeson, J. H. Smith, A. Herbert, G. E. Cowell, T. G. Comstock, H. R. Madden, and J. W. Blakeley.

The society then proceeded to the election of Officers for the ensuing year.

President—Dr. E. M. Hale.

First Vice President—Dr. T. C. Duncan; *Second Vice President*—Dr. F. Smyth; *Third Vice President*—Dr. W. S. Johnson.

Recording Secretary—Dr. S. P. Hedges.

General Corresponding Secretary—Dr. T. C. Duncan.

Corresponding Secretaries—for Illinois, Dr. E. Perkins; for Iowa, Dr. J. E. King; for Minnesota, Dr. A. Herbert; for Wisconsin, Dr. J. H. Smith; for New York, Dr. A. M. We[illegible] for Ohio, Dr. F. C. S. Fahnestock; for Canada, Dr. C. Clark; for Pennsylvania, (honorary,) Dr. J. W. Blakeley.

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... —Nupr.
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...e enough—Cist. can.
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...he heart filled the chest—

...nding to the throat—Pod.

...y ceased beating—Rumex.
...ased to circulate—Gelsm.
... all over the body—Æs-hip.,

... aloes, apoc.-andr., apoc.-can,
..., cist. can., corn. cir., dios. vil.,
... iris., lach. tincto., lept., lith.-

readers will look over the periodical literature of our school, they will find this to be a fact. In the *Observer* are records, not only of amputations of different kinds, but resections of elbow, shoulder, hip, inferior maxillary, tibia and fibula, &c.; operations for lithotomy, anchyloses and tumors, besides a host of others of minor import. It is our intention to make this paper, if possible, the surgical expositor of this section of the country. But we need assistance in this matter, and desire from our friends their encouragement and support—their encouragement with their pens—their support with their purses; and as the new year opens upon the world, we wish to all the patrons of Homoeopathy in general, and to the subscribers of the *Western Observer* in particular, A HAPPY NEW YEAR!

CLASSIFICATION OF A FEW OF THE "NEW REMEDIES," According to the Parts of the Body Acted Upon.

(After the Plan of Bonninghausen.)

BY TEMPLE S. HOYNE, M. D., CHICAGO.

(Continued from Page 262.)

Heart, loud beating of—Bapt. tinct., verat.-vir.

Heart, strong beating of—Aloes.

Heart, beats cannot be felt—Gelsm.

Heart, beats rapid and heavy—Aes.-hip.

Heart, neuralgic pain—Aes-hip, cact. grand.

Heart, throbbing pain—Lith.-carb. rumex., sang. can.

Heart, stitches in—Aes-hip, cact. grand., gelsm., ham., lith.-carb., phytol., pod. pel.

Region of heart, aching pain—Lith.-carb., verat-vir.

Region of heart, burning pain—Aes.-hip, lach. tincto., rumex., verat.-vir.

Region of heart, boiling and bubbling—Lach. tincto.

Region of heart, constant pain—Tell., verat.-vir.

Region of heart, contracting pain—Asc.-tub.

Region of heart, dull pain—Aes.-hip, lith.-carb., rumex., stict. pul., tell., verat.-vir.

Region of heart, heavy feeling—Rumex.

Region of heart, pressing pain—Lith.-carb., sang. can.

Region of heart, pricking pain—Asc.-tub., ham., verat.-vir.

Sensation as if a piece of the sternum was torn out—Æs.-hip

Sensation, right side, as if the lung painfully moved up and down at each inspiration—Æs.-hip.

Sensation as if a hoop was around the chest—Cact. grand.

Sensation in thorax as if broken—Murex pur.

Sensation as if a cord was tied around the false ribs—Cact. grand.

Sensation as if some one was holding and pressing the chest tightly—Cact. grand.

Sensation of great constriction in the shoulders—Cact. grand.

Sensation when running, behind the sternum, as though the subadjacent organs were violently shaken—Nupr.

Sensation of suffocation—Gelsm., ham., pod. pel.

Sensation as if the windpipe had not space enough—Cist. can.

Sensation of grating in the chest at every deep inspiration—Eup.-perf.

Sensation as though the ribs were pressing against the lungs—Iris.

Sensation as if ants were running through the whole body—Cist. can.

Sensation as if an iron hand prevented the motion of the heart—Cact. grand.

Sensation as if the pulsation of the heart filled the chest—Bapt. tinct.

Sensation as if the heart was ascending to the throat—Pod. pel,

Sensation as if the heart suddenly ceased beating—Rumex.

Sensation as if the blood had ceased to circulate—Gelsm.

Feels the pulsation of the heart all over the body—Æs-hip., sang. can.

BACK.

Remedies acting on—Æs.-hip, aloes, apoc.-andr., apoc.-can, asc.-tub, bapt. tinct., caul., cimicif., cist. can., corn. cir., dios. vil., eup.-perf., gelsm., ham., hel., hyd., iris., lach. tincto., lept., lith.-

carb., murex pur., nupr., phytol, pod. pel., rumex, sang. can., tell., verat.-vir.

Small of the back—Æs.-hip, apoc.-can, bapt. tinct., caul., cimicif., corn. cir., dios. vil., eup.-perf., ham., hel., hyd., iris., lept., phytol., pod. pel., rumex., sang. can.

Lumbar region—Æs.-hip, bapt. tinct., caul., cimicif., corn. cir., dios. vil., eup.-perf., gelsm., hel., hyd., iris., nupr., phytol., pod. pel.

Right lumbar—Æs.-hip, lach. tincto.

Left lumbar—Nupr., phytol.

Sacrum, region of—Æs.-hip, aloes, bapt. tinct., caul., cimicif., gelsm., hel., iris., lach. tincto., lith.-carb., phytol., rumex., sang. can., tell.

Scapular region—Æs.-hip, asc.-tub, cimicif., cist. can., gelsm., lach. tincto., phytol., pod. pel., rumex., sang. can., tell., verat.-vir.

Right scapular—Asc.-tub, cimicif., cist. can., lach. tincto., pod. pel., sang. can.

Left scapular—Asc.-tub, cimicif., gelsm., rumex., sang. can., tell.

Back, acute pain in—Æs.-hip., aloes, bapt. tinct., cimicif., dios. vil., hel., phytol., tell., verat.-vir.

Back, aching, (dull pain)—Æs.-glab., æs.-hip, aloes, apoc.-can., asc.-tub., bapt. tinct., caul., cimicif., corn. cir., dios. vil., eup.-perf., gelsm., hyd., lith.-carb., nupr., phytol., rumex., tell., verat.-vir.

Right side of back—Aloes, nupr., phytol. (See lumbar and scapular regions, and sides of neck.)

Left side of back—Aloes, rumex.

Back, bruised, (sore) pain in—Aloes, apoc.-can, bapt. tinct., corn. cir., eup.-perf., lept., lith.-carb., phytol., pod. pel., rumex., sang. can., tell.

Back, burning pain—Aloes, cist. can., lach. tincto., murex pur,, rumex.

Back, cutting pain—Dios. vil., tell.

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Original Articles.

THE YELLOW FEVER EPIDEMIC OF 1867 IN NEW ORLEANS.

BY DR. M. FUNK.

Before entering directly upon the subject, I may state (in order to avoid misunderstanding) that, residing in Jefferson City, I am not in the strictest sense, a resident of New Orleans. But whoever knows the locality is aware (and to whom it is not known I state here the fact) that Jefferson City is considered as a suburb of New Orleans, and is situated above Lafayette, which is already annexed to the "Crescent City," its streets being the uninterrupted extension of those of New Orleans, with *the same names.* Its annexation is but a question of time, which indeed has already been repeatedly taken into consideration by the city authorities.

This seemingly unessential circumstance I do not mention without a purpose, as will be directly seen. Any one knowing Homœopathy, unquestionably is convinced, without my humble assertion, that our cherished science and art could not prove otherwise than eminently superior to the old school of medicine, as well *in Yellow Fever* as in other diseases. All the Homœopathic physicians in New Orleans unquestionably treated their

patients with the same gratifying success as myself, simply because Homœopathy is a *law of nature*—"a part of the divine truth,"—as a certain writer has beautifully expressed it.

Owing to a combination of circumstances my experience with the Fever this year has been peculiarly gratifying. I can state this without immodesty, since I had not the least control over the circumstances. As a refugee from Galveston, Texas, I came to New Orleans in February, 1865, in reduced circumstances, and not having the means to occupy either an elegant or conspicuous office, endeavored to establish a practice in humble localities in the different municipalities of New Orleans. Since February 15, 1867, I have settled in Jefferson City, but until the middle of September I had a very limited practice. Previous to the 20th September, I had treated but a few cases of yellow fever; but however favorable the results, and however warm were the recommendations received, it did not avail much for the extension of my practice. But the sudden death of the German Allopathic physician in Jefferson City, who had an extensive business, necessarily threw many cases in my way.

It is by no means my intention to give here a complete and exhausting treatise on yellow fever, since able writers have left me but very little to say. The valuable treatise of our able Dr. Holcombe is very probably not unknown to any member of our profession, and contains almost everything of *practical* value. How utterly worthless for practice are the theoretical suggestions and hypotheses of allopathic writers. We are all made well aware of this by the results, as well as by their own confessions. During the recent epidemic we had occasion almost every day to read in the newspapers, that physicians declared they had never met with the disease in the form under which it appeared this [last] year—that they were quite puzzled by it, and had to have recourse to other remedies and methods of treatment than in former epidemics. What an immense advantage have we homœopaths also in this respect! We know that we have not to prescribe for *names* of diseases, but for *the presenting symptoms*, and in the almost inexhaustible treasure of our materia medica, we seldom seek in vain for remedies which cover the symptoms, and the action of the prescribed remedies, in 99 cases out of 100, soon convinces us that our "Similia Sim-

ilibus" is not an hypothesis, but a "law of nature,"—"a part of divine truth." Even in fatal cases the given remedies very seldom fail to show a decidedly favorable influence.

The form of the disease in the epidemic of 1867, so far as I had occasion to ascertain in the range of my practice, was so variable, that it is hardly an exaggeration to say, that I have not seen 10 cases exactly alike. The earlier cases, during July and August, left great doubt whether they were real yellow fever. Children were in a great measure more liable to it than adults. But as nature never cares about the subtle and systematic classifications of physicians, it was difficult to draw a line where the brain fever ceased and where yellow fever began. The characteristic putrid odor of yellow fever was in many cases absent, even when the "black vomit" ended all doubts of the nature of the disease. During the second half of August the characteristics of true yellow fever appeared more decidedly marked. In many cases the fever was so slight that the patients or their relatives did not apply for medical assistance until sudden prostration, pains in the stomach, and nausea appeared, and "black vomit" set in before the physician was at hand. This dreadful symptom is not in all, but in by far the great majority of cases, fatal. In others (and this was generally the most favorable for homœopathic treatment) the fever, nausea and cerebro-spinal irritation appeared suddenly, and with great severity, often combined with pains in the lower extremities and great restlessness.—In such cases I was generally called without loss of time, and in *not a few* cases the applied remedies:—*Bell.*, *Rhus tox.*, *Acon.*, *Bry.*, *Stram.*, *Ipecac*, *Nux vom.*, *Hyos.*, *Hellebor. nig.*, *Corral rubra or Zinc*—acted so promptly that the fever was "broken" during the first night. Those patients who had taken castor oil or some other purgative, before I was called, needed generally a longer time for recovery than those who had not been subjected to such treatment; indeed in some cases I had the greatest trouble to stop the diarrhœa which often followed the improper use of castor oil. It was not my smallest difficulty, to persuade the patients and their nurses to abstain from the old and hurtful use o purgatives, mustard baths, and orange leaf tea. The prejudice, that profuse sweating was a condition *sine qua non* for a yellow

fever cure, was so deeply rooted in the people, that it was a difficult work to eradicate it. But after two or three weeks, when the results of the treatment became more publicly known, patients and nurses yielded more willingly to the homœopathic treatment, and became convinced that the sweating as well as the dry heat were integral parts of the disease, and should be *cured* and not *promoted;* that *profuse sweating,* when supported by mustard baths, hot tea, and thick covering, weakened the patient unnecessarily in a debilitating disease; that a *moist skin* was all that was necessary; and I had always the immediate gratification of perceiving that the patients felt much easier when the superfluous covering was removed, and cold water, or even ice, was given freely. I also ordered ice water applications to the head, which I had never cause to regret. The most patients expressed a great desire for lemonade, and as it did not interfere with the medicine, I allowed and even recommended it in almost every case, to the highest gratification of the patients, remembering some words in our master's—Hahnemann's—writings which induced me to allow it.

Other forms of the disease were either continued or remittent fever for one, two, three, and four days, sometimes alternating with chills, or even combined with them; some cases were without headache and nausea, and some passed with or without fever into the second stage, when pain and inexpressible misery in the epigastric region, violent nausea and vomiting of bile and watery mucus, accompanied with delirium set in. The remedies given in this stage were generally: *Arsen. alb., Tart. emet., Cupr., Veratr. alb., Nux Vom.,* and when these failed, recourse was had to *Argent. Nit.,* which very well justified the high recommendations of Dr. Holcomb, in his treatise on yellow fever. Even some cases of black vomit were cured by this remedy. *Kreosote,* also, checked the black vomit in some cases, after *Argent. Nitr.* had failed, but these cases ended fatally.

I must here call the attention of physicians to another very valuable recommendation of Dr. Holcomb's, which has been of excellent service in all cases which passed into the second stage. I mean the outward application of croton oil to the epigastric region. I always mixed about 3 or 4 drops to two tablespoonfuls of sweet oil, heating about one-half teaspoonful of this mix-

ture over a lamp or candle, and rubbing it, as hot as the patient could bear it, on the pit of the stomach. This gave relief almost immediately, and was repeated as often as necessary, and when it failed, I ordered mustard plasters instead, which were of good service. The prompt action of *Croton Oil* induced some patients to apply it in the same way to other painful places; to the back, belly, head, and lower extremities, and since they obtained relief from it in most cases, I also ordered it for the same complaints, and mostly with the best effect.

The pains in the epigastrium shifted, in many cases, down to the umbilical region, and remained there sometimes for several days, accompanied by great restlessness, prostration and delirium, and by evacuations which resembled pounded charcoal mixed with water, or even tar. In one of the most dreadful cases of this description, the patient had by a dose of castor oil, (taken against my strict orders) brought on a severe diarrhœa. He had over twenty evacuations in one night; an injection mixed with one teaspoonful of laudanum (since the homœopathic remedies remained utterly without effect) relieved the diarrhœa for 24 hours, after which it returned with the same severity, when another injection with laudanum was given, and *Arsen.* and *Carbo veg.* (100) internally administered with the best effects. One week afterwards the patient resumed his regular occupation.

I will here specify a few of the most important cases:— I was called to a boy of about 8 years of age, who was treated without a physician, by the common remedies: castor oil, mustard baths, and orange leaf tea. He had the black vomit in its worst form, great quantities of the coffee-ground substance had been vomited, and he was lying in a comatose condition. I administered *Argent. Nit.* (3) and *Arsen.* (100) in alternation. The next morning he was awake, the vomiting had ceased, but he did not answer any questions, but moaned, and with much trouble made me understand that he could not pass urine, and that this occasioned him much pain and distress. 3 teaspoonfuls of *Canthar.* (100) administered every quarter hour relieved him, and he passed a sufficient quantity of water. His mouth had been hermetrically sealed by a large lump of coagulated blood, of which a part had to be removed in order to give him the medi-

cine, and his breath was perfectly putrid; his face was full of petechiæ, I gave him *Rhus tox.* (100) and *Merc.* 100) every hour in alternation. By the next visit in the evening, his parents were standing by his bed, awaiting his last breath. Almost hopeless, I gave him *Carbo veg.* (100) one teaspoonful every quarter hour. The next morning the parents awaited me with happy faces; after the second dose of *Carbo veg.* he became more lively, and soon a decided amelioration took place. I ordered *Carbo veg.*, (100) one teaspoonful every two hours.—Evening: found the bed, from head to foot, soiled with bright red blood, which yet continually oozed from his mouth and teeth. I gave *Crotal.*, (3) and the first dose stopped the hemorrhage instantly. During the night he had another attack of Strangury, which one teaspoonful of *Canthar.* (100) relieved immediately. The next morning he desired something to eat, and I allowed him a few spoonfuls of milk, and later, a little beef broth; and besides, every hour, one tablespoonful of brandy toddy with egg, which he relished very much. He recovered slowly but so decidedly that two weeks afterwards I found him playing in the yard.

It remains for me to state the number of cases treated, the number of cases cured, the number of cases which ended fatally, and the specifications of the fatal cases. (I remark, however, that I do not reckon, and consider myself not obliged to count, those cases to which I was called after *black vomit* had occurred, and which were considered hopeless at my first visit.)

Cases Treated,	192
Cases Cured,	180
Fatal Cases,	12

(NOTE.—The specifications of the fatal cases is not inserted here for want of space.—Ed.)

A peculiar feature during the recent epidemic was the hemorrhage, and its prognostic indication. I had occasion to observe this in Houston and Galveston, in 1848, '53, '58, and '64. In all these epidemics the hemorrhage from the mouth and nose, and in some cases from the finger nails, eyelids, ears and uterus, appeared at the height of the disease, seldom leaving a hope of recovery, at least under allopathic treatment. During the recent epidemic the hemorrhage from the mouth and nose generally

appeared in the beginning of recovery, and was by no means an unfavorable symptom; *Crotal.* was in most cases the most effectual remedy, and if it failed, *China, Crocus, Lachesis, Chellidon. etc.* Hermorrhages from the finger-nails, eyelids, ears, etc., I have *not* observed during the recent epidemic. A very remarkable peculiarity of the action of *Crotalus* in all epidemics, was, that it cured in *some* cases, the whole disease at *once*, within a few hours. To enthusiasts, for this remedy, I however remark, that the only true indication of it which I observed, is the hemorrhage; when it was absent, I remember not to have seen a decided influence exerted by it, and, as already remarked, it failed even in *some* cases of hemorrhage. A physician who would use *Crotalus* as a universal or preventive remedy in yellow fever (as suggested by Dr. Humboldt, in Havana), would soon find himself entirely disappointed.

Before closing this, my short sketch, which I publish in the hope that it will not be found entirely without interest to my honored colleagues, I will briefly touch by a few words, the "great discovery" of the "irregulars," that diseases such as yellow fever, cholera, etc., are the effects of miasmatic "vegetations."

How little influence this discovery, even if true, (which, however, I take the liberty to doubt,) would have on the proper treatment of these diseases, we are well aware by our experiences. Supposing cholera were indeed the effect of a microscopic fungus—how do Allopaths know what remedy would *destroy this parasite?* We Homœopathists, on the contrary, destroy the *whole disease* by infinitesimal doses of *Veratrum, Cuprum, etc.*, and consequently must have by the same remedies, destroyed also the "microscopic fungi," which created the disease. Allopaths, so long as they despise *our* experience, and seek to destroy these "parasites" in a chemical way, considering the human body as nothing else than a *chemical retort*, will have no more effects in the treatment of these diseases, than they had heretofore in spite of their boasted discoveries; nay, even they may in their so-called "cures," do more harm than good by their heroic chemical treatment. Long before I ever heard of this "great discovery;" in the year 1853, I examined the coffee-ground matter in the "black vomit" with a powerful

microscope, and thereby discerned of what it consisted, viz: of the blood corpuscules, which were easily recognizable, although degenerated and broken on their edges, and had changed their color from red, to a dirty dark brown; sometime they adhered together with their edges, and in this way formed a fasiculi, discernible even by the naked eye. This adhesion of the edges was noticed in the recent epidèmic, so that their aspect was often like little black strings floating in the serum and mucus; but when the vomiting was prevented, and the degenerated blood passed by stool, they were less mixed with serum, and looked rather like pounded charcoal, moistened with a little water. Considering the lively fancies which always characterized allopathic hypotheses, it is no more strange that the fungi-like degenerated blood corpuscules, are taken for real vegetations; than that some people, "*den Himmel fuer einen Dudelsack halten,*" as the Germans sometimes say, which is "take the sky for a bag-pipe."

What may be the reason that the expulsion of the degenerated blood in the stomach, by vomiting, is generally a fatal symptom, whilst the expulsion of it by the stools is much more likely to admit a recovery, I am unable to explain, and would gladly accept an explanation, if one of my learned colleagues could afford it; but it is my belief that *some* functions of the life power are not to be explained even by "*post mortem examinations,*" because "*anti-mortem*" examinations of the *inner* functions, are an impossibility. "*Ins Innere der Natur dringt Kein ershaffener Geist,*" says Schiller, so beautifully, which is translated: "The inner life of nature penetrates no created spirit."

There is yet another point, which, during the recent epidemic, was discernible to every observing eye, but of which the cause is not to be so easily explained. It is the wandering of the disease from one locality of New Orleans to another. A friend of mine, (the Apothecary, Roger,) living in Tchoupitulas street, opposite the St. Mary's Market, which for some months had a very dull season, was at once truly overflowed by prescriptions, after the disease broke out suddenly around his neighborhood. Most of the apothecaries in the city wondered at his "business," since they had yet the same "dull times" as before. From this locality, the disease wandered to the environs of the Dryades

market, and comparatively few cases further occured near the St. Mary's market; then the streets about the old and new Basin, and the third municipality was visited by the disease, whence it went up the river, and visited the fourth muncipality (Lafayette), and then Jefferson City. During this time, there was farther up the river (at Greenville and Carrolton), comparatively very few cases of yellow fever; and only such persons were attacked who had their business during the day in the city of New Orleans. At last when the disease was in a great measure abating, even in Jefferson City, it broke out with violence in Carrolton,

Recently, there were some scattered cases of yellow fever, which attacked persons who had left the country, and returned, trusting to the truly foolish declaration of well-known "great medical authority," that "the yellow fever had ceased to be epidemic here, and strangers and emigrants could enter the city safely, and without danger of infection." An experienced and learned German physician opposed this foolish declaration, but travelers trusted more to the "great authority," and in not a few cases paid this trust with their lives.

We had several slight frosts here, but they did not annihilate the fever at once, as was formerly the case. This is only the repetition of an experience which I made in 1853, in Texas. About the middle of November, we had so severe a frost, that even street gutters and small ponds were covered with ice, and even after this, several new cases of yellow fever occured.

The last peculiarity of the recent epidemic, that is at least three times more males were attacked, and died, than females. *Explain it who can.*

Translated Articles.

IMPORTANT NOTES FROM FOREIGN JOURNALS.

Translated and selected for the Western Homœopathic Observer.

TREATMENT OF PNEUMONIA *at the City Hospital in Prague, as reported by Dr. Eiselt in Prager Vierteljahrschrift, P. 30:—*

"During the fever, the patients receive clear beef soup and

two pints of milk; when the fever abates, they are allowed meat, beer and wine—aged patients also wine soup. *The medicines to be given are indifferent,* (???) but as our patients are used to medicine bottles, and desire to take *something,* they receive a *mixtura gummosa,* or *oleosa,* or a little *aqua laurocerasi,* or ¼ gr. *Morph.* or an *Infus, digi.* 6 grs., or *Ipec.,* &c. Bleeding is never resorted to." Dr. E. says, this treatment is favorable, and so say we, but it is not brilliant, and certainly could be accomplished without the physician being present to order meat, beer and wine; any person being a good judge of the different brands of wine, &c., could attend to this little matter. We would inquire of Dr. E. for what purpose he devoted from twelve to fifteen years to the study of the science of medicine, especially if he does find it "indifferent" what medicines to prescribe? Why study and investigate the pathological process of disease? Why attend Clinics? Why devote so much time in gathering together the hundreds and thousands of formulas, so bombastically heralded in the text books, as curatives for all ailments? After all this arduous labor, what is the result? NEGATION.

AT THE INTERNATIONAL (ALLOPATHIC) MEDICAL CONGRESS, at Paris, Homœopathy was represented by Dr. Bakody, of Hungary, who delivered one of the most able—if not the ablest paper, upon the Pathological Anatomy and Physiology of Tubercle. After Empis and Cornil had given their views, Dr. B. presented his theories and observations, accompanied with a large number of admirable drawings, showing the various phases and forms of the development of Tuburcle, observed by him after careful microscopic investigations. The Doctor's address was received with general applause. We suppose the question—"whether homœopathic physicians are scientific men," has been answered satisfactorally this time, at Paris.

CANNABIS IND., is, according to Frommueller, a very important hypnotic remedy. Dose:—Eight grs. of the extract.

PRUNUS VIRG. is highly recommended by Dr, Albutt, of Luds, in vascular diseases of the heart. The remedy is a sedative.

DURING twenty-five years, from July, 1842, to July, 1867, there

were treated in the Leipsic Homœopathic Clinic, 39,870 patients, of which 21,014 were males and 18,856 females. Again, of this number there were 14,839 with acute diseases, and 25,031 chronic.

An effort is made to found a Homœopathic Hospital at Leipsic, Saxony. German, French and Italian physicians, have begun to contribute to the same—also a few laymen.

Dr. Gourdin acknowledged at the International (Allopathic) Medical Congress, his non-success with injections of Nitrate of Silver, in the air passages, and also with the internal use of *Petroleum* and *Ac. Phenic.*, in Tuberculous Phthisis.

After the use of Iodide of Mercury, traces of Mercury were found in the perspiration, and Iodine in the Urine and Saliva. According to *Berqeron, Lemaitre* and *Boussin*, Arch-gén.

Review.

REPORT OF THE BOARD OF MANAGERS OF THE PENNSYLVANIA HOSPITAL,

We have received, through the kindness of our friend, Dr. von Tagen, the above interesting pamphlet. We have read it with interest, and notice it with pleasure, because in our student days it was in this institution we witnessed so much which has served us well in our after life. It was then our good fortune when the hospital was under the charge of Wood, Pepper and Gebhard, as physicians, and Norris, Peace, Fox and Neill, as surgeons, to listen to the best medical and surgical instruction of the day. But new names are now upon the catalogue, and we recognise among them several who were assistant surgeons and resident physicians nearly fifteen years ago. The surgeons are at present, Drs. Hewson, Hunt, Morton and Agnew; the physicians: Da Costa, J. F. Meigs, Levick and Gerhard.

This hospital was founded one hundred and fifteen years ago, (in 1752,) during which time there have been admitted into it 79,181 patients, of whom 49,332 have been poor persons supported at the expense of the Institution. There have been

cured: 51,167 patients. Relieved: 10,045. Died: 7,554. Discharged without improvement: 5,976. Discharged for misconduct or eloped: 1,680. Pregnant women safely delivered: 1,334. Infants born in the hospital: 1,254. During the past year there have been treated in the hospitals, including the insane department, 2,470 patients. Of this number 703 were in the medical, 1,241 in the surgical, and 527 in the insane department. The average number of patients in the house, excluding the insane, has been 170, and the time each has remained under care, was 31½ days.

We have made a calculation of some of the expenditures for the past year, because besides being interesting in point of fact, may also give an idea of the treatment. The cost of medicines is $2,004 77. The cost of wine, spirits, porter and mineral water, $2,424 91. The purchase of instruments, $388 65. While for leeching, there appears the incredibly small amount of $1 50.

When we frequented the hospital, eyes were leeched, wounds were leeched; patients with erysipelas and ear-ache; with congestions, convulsions, cramps, colic and chordee; with headache, hydrocephalus, hemoptysis and hemorrhoids, and almost all inflammatory diseases were subjected to the insatiate *hirudo medicinalis.* But times have changed. The sick man, even in Allopathic Hospitals, is not now subjected to the loathsome presence of the blood sucker, and experience proves that its absence is much more conducive to health.

We can form some conception of the appetites of the inmates for a year, when we find that 173,004 lbs. of meat, costing $25.737; 77,710 lbs. of bread, besides 254 bbls. of flour, costing $7,039; 14.115 lbs. of butter, costing $7.081; and 21,755 lbs. of sugar, costing $3.193, have been consumed during the year.

Among the surgical cases we note 138 cases of fracture of the superior and 113 of the inferior extremeties; of sprains and contusions, 134 cases; of syphilis, gonorrhœa and gleet, 99 cases; of diseases of bones and joints, 71 cases; of concussion of the brain and spinal cord, 9 cases; of burns and scalds, 55 cases, besides almost every variety of surgical diseases. Of the medical cases, treated of bronchitis, 24; consumption, 45; kidney and bladder diseases, 24; delirium tremens, 71; intermittent

and malarial fever, 80; rheumatism, 85; sun stroke, 27; besides a long list of other maladies of more or less grave import. Of the surgical cases, 812, and of the medical cases, 406 were cured; of the former, 81 died, of the latter, 99.

This pamphlet is full of interest to those interested in hospital practice.

Correspondence.

Dr. Helmuth, Editor Western Homœopathic Observer:

DEAR SIR—The article in the December number of WESTERN HOMŒOPATHIC OBSERVER, by Dr. Burt, on "Hypodermic Injection in Congestive Fever," recalled to my mind a very able paper, upon a similar topic, which I read a few months ago in one of the German medical journals. Knowing that the readers of your journal are interested in all matters pertaining to medical science, I have compiled the most valuable portions of said paper for your consideration, and if acceptable, would like to see the same embodied in the pages of your journal. I may as well mention here now, that the hypodermic method of introducing remedial agents into the system is gaining many friends among European physicians, and homœopaths have, and with good success, made use of homoeopathic remedies in subcutaneous injections.

Yours, &c.,

JAEGER.

The author of the paper in question. Dr. Arnould, communicated his experience with China Sulph. for hypodermic injections, in the fevers of Algeria, to the "*Bulletin general de Therapeutique.*" Dr. A. says: The question of the dose is the most important, of the operation itself nothing of consequence can be added. In mild cases, he administers from two to four decigrams per dose for an injection, in cases of a severe character, from five to six decigrams. Even in cases where we are obliged to act quick and energetically, it is not necessary to inject more than five decigrams, and more than two injections per day should not be made. He has no faith in small doses from five to ten centigrams, and says that cases reported,

with small doses, were evidently of a very mild form, and would have recovered without any medicine. Our author does not tell us that he has tried the small doses, and bases his objections to them, in all probability, upon the ground of prejudice. Prof. Winter and others have used very small doses, and *have cured* cases of fevers *with* these small doses, and not alone fevers, but many other diseases of the most distressing character have been cured with very minute, and even homœopathic infinitesimal doses.—Dr. A. continues, that by the hypodermic method, we need less medicine than by the internal administration; he says, a little more than one third, and a little less than half of the usual internal dose is sufficient for hypodermic injections to effect good results. This method has also the advantage of not inflicting the patient with the bitter taste of the medicine; the headache, deafness, ringing in the ears, &c., are either not manifested at all, or at least less intense by this method. The only really serious evils Dr. A. encounters, are the local symptoms, and they must be duly considered, as they may become dangerous. We must be very cautious to prevent these as much as possible; therefore, in the first place, the word "*subcutaneous*" must be taken literally by the injection, a precaution which in practice, is generally disregarded; secondly the *Traicort* must always remain in *loco* if a second injection is to be made—we must not make *two injection points* for one operation. As the injection point, he advises to select the middle third of the post. and ant. portion of the upper arm, (always the left).

A very important matter is the Quinine preparation. The solution must be as highly concentrated as possible, so as to enable us to inject the smallest portion possible. Dr. A. advises to dissolve the Chinin Sulph. in diluted acids, and then filter. Again the solution must be clear, if it is not, there is a possibility that the Quinine is suspended in it, and we may fear an abscess, for it is well known that Quinine applied in powder form to denuded tissues, acts like caustic. The abscesses which occur at the injection point—out of ten patients and of thirty injections, one abscess occurs according to A's observations—are generally merely superficial and very fluctuating, they contain seldom *pus* caused by inflammation, they discharge frequently a tenacious yellow, web-like fluid, in which small particles of pus

are observed. No traces of Quinine can be found in the pus. Sometimes several abscesses appear simultaneous in an individual, without being able to atribute the same to any material circumstances of the operation; several patients had two, three, or even four abscesses at the time; and Dr. A. says, perhaps the development of such abscesses is frequently depending upon the individual predisposition. The indolent, more or less persisting indurations, which follow occasionally the injections, have always disappeared.

The resumé of Dr. A. is as follows: Hypodermic injections of Quinine should be applied: (*A*) In the majority of pernicious paroxyms of miasmatic fevers, where the administration of Quinine per mouth is difficult, absorption slow and uncertain. (*B*) In fevers with gastric complications, especially frequent vomiting. (*C*) In remittent and contiued fevers, at least at the beginning of the treatment. (*D*) In such cases of fever where the internal use of Quinine does not agree with the patient, no matter of what type the fever is. (*E*) In all such fevers which do not yield to the usual treatment and remedies. (*F*) In consideration of the high price of Quinine. The latter is no doubt of great importance to allopathic physicians.

DR. HELMUTH, EDITOR WEST. HOM. OBSERVER:

Dear Sir.—We have been particularly pleased in the perusal of your January number; it is a valuable one.

The editorial is an exceedingly modest one. We think the profession generally will not be satisfied with your *limited* ambition. You state, "it is our intention to make this paper, if possible, the surgical expositor of this *section* of the country." Had you said, of *this country*, we believe you would satisfy the desire and receive the hearty assistance of every homœopath in America.

The stigma of being no surgeons, that homœopaths have borne, is being removed, and we are happy to note that no little credit is due the WESTERN HOMŒOPATHIC OBSERVER therefor.

Homœopathy now includes in her ranks, some of the best surgeons in the world. Why should we not, therefore, have a purely surgical periodical, *national* in scope?

Yours truly,

T. C. DUNCAN.

The Western Homœopathic Observer.

ST. LOUIS, FEBRUARY, 1868.

ORGANIZATION OF A HOMŒOPATHIC STATE SOCIETY.

The fact that the Missouri Medical Association has lately been re-organized, is well known in most medical circles throughout the country, and the reason for its re-organization is also understood, viz: The presentation to the Legislature of a memorial, which, for the benefit of our readers, we give in full.

To the Medical Association of the State of Missouri:

GENTLEMEN: The undersigned, a committee appointed by the St. Louis Medical Society, respectfully beg leave to submit the following for your immediate consideration and action thereon:

Whereas, It is the paramount duty of every well organized government to enact such laws and regulations as will best secure and protect the natural rights of every member of society; and

Whereas, It is obvious to all that a great number of base impostors throughout the State, under the guise of physicians, *with* and *without* diplomas, deceive and rob the credulous sick and unfortunate, not only of money and health, but even life itself.

Therefore, we beg leave respectfully to suggest, that on the part of this Association, a memorial be presented to the Legislature of the State of Missouri, requesting that body to enact a law to the following effect:

1. That *hereafter*, each and every person, midwives included, before being permitted to engage in the practice of medicine in any of its branches in the State of Missouri, shall be required to give ample and satisfactory evidence of qualification before a board of medical examiners, to be appointed every four years by the Medical Association of the State of Missouri, subject to the approval of the Governor, and to be located in the city of St. Louis. The board to consist of five members, whose duty it shall be to examine carefully and rigorously, every one applying for examination, and if found worthy and competent, to grant a certificate to the same.

2. That persons applying for examination may have the privilege of using either the German or French language instead of the English in undergoing their examination.

3. That any person violating this enactment, shall *not* be permitted to collect any fee by law, and shall be fined —— for each and every offence, and suffer imprisonment until such fine be paid.

Respectfully,

A. HAMMER, M. D.,
Chairman of the Commites.
M. MARTIN, M. D.
M. L. LINTON, M. D.
S. S. NEWMAN, M. D.

These resolutions, as might have been anticipated, gave rise to very much discussion on both sides, and there was so much learning and wit exhibited by the *regulars*, that we would much like to print the proceedings in full. The facts of the matter, however, came down to this: The

Allopathists beg and pray the Legislature of this State for protection. Protection from what? Quacks and Imposters! Whom do they consider these Quacks and Imposters? Namely, we believe, the Homœopathists of this city of St. Louis. To illustrate however, the current views, we give a short extract from a speech of "a learned Doctor."

"I have been surprised here this evening that gentlemen have advocated that we should go before the Legislature and express our desire to be protected. To be protected from what? 'To be protected from knavery and mockery in the profession.' That is the argument, and to my mind we had better begin to work at home before we do anything else, We had better purge ourselves before we go before the Legislature to ask them to purge the public. Take the mote out of our own eyes first. Heal ourselves first and then appeal to the public. It seems to me very strange that we should make this acknowledgment here in this public call, and then go before the Legislature and ask them to try to correct the public mind in relation to knavery, when the call of the convention was to relieve the profession of knavery. I think we better resolve ourselves into a committee to devise means how to relieve ourselves of quackery and knavery, and then take the next best course to insure our success.

* * * * * * * * * * *

"You speak of homœopathy—it is a thing I do not consider—it has not entered my mind or consideration in relation to the practice of my profession. It is very true I see men who stand in the community and assert that that which is new, that is connected with this system of empariсism, is nothing more nor less than old systems revived, of truth which is not new, and new things which are not true. I say that the outside influence (such as the fear of homœopathy), have no effect on my mind; eclecticism, and all other isms, have no influence on me, and I do not suppose they do on you. I am simply satisfied with my profession. I believe it contains all the great truths which these very men practice, though they do not admit it. They nevertheless do it secretly. They come to consider small doses no longer fashionable, but large doses are now given, and it can be proved that they do it daily. They are a little shaky, but the medical profession is as stable to-day as when I entered it, and more popular to-day than when I entered it, and will continue to be to the end of time, no matter what these buzzing flies may do around and about us. I care nothing for them.

"There has been a kind of sorefootedness on this subject. It has been stated that we do not ignore homœopathy. I do ignore it. One gentleman boldly stated he did not ignore homœopathy. I am free to say I do—with all other system of quackery—for I look on it in the same light. I would not allow it to come into this association, and I was much surprised at the question of one of the members, if he ever consulted the homœopathists. I was surprised to hear the question, but I was not surprised to hear the answer, (applause), for certainly I would not fellowship with men in my profession who would consult with a quack. I would not consider him a medical man, and I think we have got to legislate among ourselves on that point. If we will duly stand up to what we profess, and preserve the integrity of our profession by putting out of it what is empirical in it, and having nothing to do with these outside influences, we shall have nothing to fear. We want no legislation, and I am opposed to it in whole, and in part."

There were many long speeches made on the occasion, and we are glad to be able to state, that in some of them a liberality of sentiment was expressed, which though new in this section of the country, is nevertheless on the increase. Ten years ago, when we took up our abode here,

no such feelings would have dared to have been outspoken in an allopathic assemblage. However, the memorial was voted, and was carried. Ayes, 52—noes, 38. Whether or not, this memorial was aimed at homœopathy, it became a paramount duty of those connected with our school to look to our rights, and protect those of our profession who might hereafter desire to practice medicine (*not physic*), in our midst, and although disapproving entirely of legislation in this matter, (as indeed did very many of the best of our old school friends), yet in case of the successful passage of the bill, to stand for our rights and privileges particularly as citizens of the State of Missouri, and as homœopathists representing a large proportion of the wealth and learning, and refinement of St. Louis.

Therefore taking this view of the matter, the homœopathists of the city called a meeting of physicians to arrange a State society, which, by the way, has long been contemplated, and which if properly conducted, will be of infinite service to homœopathy, and which was held at the Homœopathic Medical College on the morning of Wednesday, December 18th, 1867. There was not as large a meeting as there should have been, owing probably to the fact that there had been an increase in the sickness throughout the country, which prevented many from attending, who, however, manifested their interest in the matter by sending letters expressing their views and their co-operation in the work.

Dr. Temple was called to the chair; Dr. Vastine was elected Vice President, Dr. Tirrell, Secretary, and Drs. Tirrell, Walker and Vastine, appointed a committee on credentials.

A Constitution and By-Laws were presented by Dr. Tirrell.

The committee on nomination appointed the following Officers for the ensuing year:

President—John T. Temple, M. D. *Vice President*—Geo. S. Walker, M. D. *Recording Secretary*—S. B. Parsons, M. D. *Corresponding Secretary*—J. Hartman, M. D. *Treasurer*—N. D. Tirrell, M. D.

There was, of course, considerable discussion elicited with regard to the action of the Legislature upon the memorial of the allopathists, which we have given above; but after the usual thoughts and experiences had been expressed on both sides, the following preamble and resolutions were adopted:

Whereas, The subject of the propriety of legislative enactment for the protection of the profession of medicine, is now being agitated by our allopathic brethren in the State of Missouri; therefore, be it

Resolved, That we, the members of the Homœopathic Medical Association of the State of Missouri, assembled in St. Louis, December 18th, 1867, do not approve of any legislative interference in the matter, preferring that the people should have the privilege of selecting their medical advisors from whatever school they may desire.

Resolved, That if our allopathic brethren are determined to urge upon the State the necessity for a Board of Examiners, to be chosen from their association, and the Legislature should favorably consider such petition, then will we deem it our duty to press, by every means in our power, our claims to the same rights and privileges.

Resolved, That a committee of five be appointed, with power to appoint such committees in various parts of the State, to carry out the design of the foregoing resolutions

The preamble and resolutions were unanimously adopted.

After the nomination of the usual committees, the meeting adjourned.

It may not be uninteresting in this connexion, to show that other States are laboring for their rights in a similar direction; and the following proposed amendment to the Constitution of the State of New York, will explain itself—it was presented by Hon. S. Colahan, Nov. 19, 1867:

SEC.—At the first assembling of the Legislature of this State, after the adoption by the people of the amendments made by this Convention to the Constitution, the Governor, with consent of the Senate, shall appoint two State medical boards, which shall have co-ordinate powers. One of said boards shall be composed of three members of the medical profession, of the homœopathic school; the other shall be composed of five members of the medical profession of the allopathic or old school of medicine. No person shall hereafter be permitted to practice medicine or surgery in this State, unless having passed a satisfactory examination in physic and surgery before either of the before mentioned boards. This provision, however. is not to effect any practicing physician or surgeon now duly authorized to practice by any legally constituted college or medical society. The Legislature shall regulate the terms of office and compensation of the members of the said medical boards.

The respective pharmaceutical societies of this State, duly incorporated according to law, shall have full power to license apothecaries and druggists, and no person shall hereafter dispense or compound drugs without a license from a pharmaceutical society, as before referred to. The Legislature shall direct a uniform system of examination to be made by pharmaceutical societies of all applicants for permission to dispense and compound drugs in this State, and have all further power to effect the carrying out of the intendment of this section, and shall make it a criminal offence, with any additional penalty, for any person to violate the provisions of this section.

Nothing in this section shall be construed to prohibit legally qualified physicians or surgeons from preparing and dispensing medicines required in their own practice.

Not only are our New York friends (who are an examble of energy, progress and perseverance), endeavoring to secure their rights by the above amendment, but they have prepared a bill to secure homœopathic treatment for the insane in the following act, which we print entire. We do this (we mean place the entire bill before our readers,) because if similar efforts be made in other States, these "acts" of others are of great service for reference and information.

An Act authorizing the appointment of the Susquehanna Asylum for the Insane.

The people of the State of New York, represented in Senate and Assembly, do enact as follows:

SECTION 1. The Governor is hereby authorized and required to appoint five commissioners, two of whom shall be practitioners in good standing in the homœopathic school of medicine, for the purpose of selecting a suitable site in the Southern tier of counties on or near the Susquehanna river, upon which to erect an Asylum for the Insane.

SEC. 2. The said commissioners shall have power to receive by gift, or contract for the purchase of, such site for the location of said Asylum, subject, however, to the approval of the next Legislature, to whom they

shall report their action in the premises within ten days after the commencement of the session.

SEC. 3. The Asylum for the Insane, which shall be established on said site, shall be constantly under the direction of a superintednent who shall be a homoeopathic physician in good standing, to the end.

1. That adequate provision may be made for the proper care and treatment of the large number of insane persons residing in the locality specified in section first of this bill.

2. That the adherents of the homoeopathic system of medical practice may secure the benefits of a method of medical treatment to which they have been accustomed and in which they have confidence.

SEC. 4. This act shall take effect immediately.

MORTUARY REPORT FROM NOVEMBER 8th, 1867, TO JANUARY 10th, 1868.

WEEK ENDING	Males.	Females.	Total.	Still Born.	Under 5 yrs.	Cholera.
November 8	75	48	123	4	50	5
" 15	75	46	121	7	58	3
" 22	62	50	112	11	44	6
" 29	60	54	114	6	49	6
December 6	70	39	109	4	46	3
" 13	66	46	112	2	47	1
" 20	58	42	100	12	46	0
" 27	56	36	92	10	44	1
January 3	47	39	86	9	47	0
" 10	46	45	91	12	38	0

CLASSIFICATION OF A FEW OF THE "NEW REMEDIES," *according to the parts of the Body acted upon, (after the plan of Bonninghausen,)* BY TEMPLE S. HOYNE, M. D., CHICAGO.

(Continued from Page 20.)

Back, constant pain—Dios. vil., iris., phytol., verat.-vir.

Back, coldness of—(See fever).

Back, drawing pain, (tearing)—Æs.-hip, aloes, cimicif., ham., hel. tell.

Back, eruption—(See skin).

Back, feeling of weight—Aloes, cimicif., hel., phytol.

Back, itching of—Asc.-tub, cist. can, corn. cir., phytol., rumex., tell.

Back, lame, feeling in—Æs.-hip, caul., cimicif., hel., lept.

Back, muscles of—Apoc,-can,, cimicif., pod. pel.

Back, pressing pain—Aloes, lith.-carb., rumex., tell.

Back, pulsating pain—Cimicif., eup,-perf.

Back, spasmodic pain—Hel.

Back, stitches in—Aloes asc.-tub, cimicif, corn. cir., lith.-carb.

Back, stinging pain—Asc.-tub, lach. tincto., rumex.

Back, stiffness of—Æs.-hip., aloes, bapt. tinct., dios. vil., phytol.

Back, transitory pain—Asc.-tub.

Back, trembling of—Cimicif., eup.-perf.

Back, weary feeling—Æs.-hip., bapt. tinct., cimicif, eup.-perf., hel., hyd., tell.

Sensation as if the back bent inward—Pod. pel.

Chills up and down the back, as if ague was coming on—Bapt. tinct.

Flashes of heat, from the small of the back in all directions—Bapt. tinct.

NECK.

Remedies acting on—Æs.-glab., æs.-hip., aloes, asc.-tub., bapt. tinct., caul., cimicif., cist. can., eup.-perf., gelsm., ham., hyd., lach. tincto., phytol, pod. pel., rumex., sang. can., tell., verat.-vir.

Right side of—Aloes, cimicif., gelsm., lach. tincto., phytol., sang. can.

Left side of—Asc.-tub., cimicif., gelsm., sang.can., tell.

Muscles of—Æs.-glab., bapt. tinct., caul., cimicif., gelsm., pod. pel.

Sterno-cleido, mastoid muscle—Aes.-glab., caul., cimicif., gelsm.

Glands of—Cist. can., phytol.

Neck, stiffness of—Asc.-tub., cimicif., lach.-tincto., phytol., pod. pel., sang. can.

Neck, numbness of—Tell.

Neck, eruption—[See skin].

Neck, fullness of—Ham.

Neck, sprained feeling—Lach. tincto.

Cracking of cervical vertebræ on moving them—Aloes.

Pains in neck—[See back].

Sensation as if a thread were tied around the neck just below the ears—Rumex.

Sensation of a sudden detention in a large blood-vessel—Tell.

UPPER EXTREMITIES.

Remedies acting on—Aes.-hip., aloes, apoc.-andr., apoc.-can., asc.-tub, bapt. tinct., cact. grand., caul., cimicif., cist. can., collin. can., corn. cir., dios. vil., eup.-perf., euphorb., gelsm., ham., hyd., iris., lach. tincto., lept., lith.-carb., murex., nupr., phytol., pod. pel., rumex., sang. can., stict. pul., tell., verat.-vir., xan.

Right arm—Aes.-hip., aloes, bapt. tinct., cact. grand, cimicif., cist. can., gelsm., hyd., lach. tincto., phytol., rumex., sang. can., xan.

Left arm—Aes.-hip., asc..tub., bapt. tinct., cact. grand., gelsm., lach. tincto., lept., phytol., pod. pel., rumex., tell., xan.

Hands—Aes.-hip, asc.-tub., bapt. tinct., cact. grand., cimicif., cist. can., corn. cir., collin. can., dios. vil., eup. perf., gelsm., hyd., iris., lach. tincto., lith.-carb., phytol., pod. pel., rumex., sang. can., tell., verat.-vir, xan.

Right hand—Asc.-tub, cimicif., cist. can., lach. tincto., phytol., rumex., sang. can., tell., xan.

Left hand—Aes.-hip., cact. grand., cimicif., hyd., iris., lith.-carb., phytol., pod. pel., tell.

Back of hand—Cimicif., cist. can., lith.-carb.

Palm—Aes.-hip., eup.-perf., gelsm., hyd., lach. tincto., lith.-carb., phytol., sang. can.

Fingers—Asc.-tub., caul., cimicif., cist. can., dios. vil., eup.-perf., gelsm., hyd., iris., lith.-carb., phytol., pod. pel., sang. can., stict. pul., verat.-vir., xan.

Thumb—Cimicif., gelsm., lith.-carb., phytol., sang. can.

Thumb, right—Gelsm., sang. can.

Thumb, left—Lith.-carb., phytol., sang. can.

Shoulders—Aloes, apoc.-andr., asc.-tub, bapt. tinct., cimicif., cist. can., gelsm., hyd., iris., lept. lith.-carb., phytol., rumex., sang. can., tell., xan.

Right shoulder—Asc.-tub., bapt. tinct., cimicif., cist.-can., gelsm., hyd., iris., lith.-carb., phytol., rumex., sang. can., xan.

Left shoulder—Aloes, asc.-tub., cist. can., lept. phytol., rumex., sang. can.

Wrists—Caul., cimicif., cist. can., dios. vil., eup.-perf., gelsm., hyd., iris., lept., pod. pel., rumex., sang. can.

Right wrist—Gelsm.

Left wrist—Cimicif.

Elbow—Dios. vil., gelsm., hyd., lach. tincto., rumex., sang. can., tell., verat.-vir., xan.

Elbow, right—Verat.-vir., xan.

Elbow, left—Gelsm., rumex.

Axilla—Aloes, iris., tell.

Joints—Apoc.-andr., bapt. tinct., caul., cimicif., cist. can., dios. vil., eup.-perf., gelsm., ham., hyd., iris., lach. tincto., lept., phytol., pod. pel., rumex., sang. can., verat.-vir.

Extremities, (both upper and lower) acute pain—Aes.-hip., apoc.-andr., apoc.-can., asc.-tub., bapt. tinct., caul., cimicif., cist. can., collin. can., dios. vil., eup.-perf., gelsm., ham., hyd., iris., lach. tincto., murex pur., phytol., sang. can., stict. pul., tell., verat.-vir.

Extremities, aching pain (dull)—Aes.-hip., aloes, apoc.-can., bapt.-tinct., cimcif., dios.-vil., eup.-perf., gelsm., hyd., lept., phytol., pod.-pel., rumex., sang.-can., tell.

Extremities, burning pain—Bapt.-tinct., cimcif, corn--cir., eup.-perf., hyd., lach.-tinct., lith.-carb., murex, rumex, sang.-can., tell.

Extremities, bruised pain (sore)—Aloes, bapt. tinct., cist.-can., eup.-perf., lith.-carb., phytol., sang.-can., tell.

Extremities, constant pain—Dios. vil.

Extremities, cutting pain—Dios. vil., phytol., sang.-can., stict.-pul.

Extremities, cramps—Bapt.-tinct., caul., gelsm., sang.-can., iris, verat.-vir.

Extremities, crawling—Lach.-tinct., rumex.

Extremities, drawing pain—Aloes, asc.-tub., bapt. tinct., caul., cist. can., dios. vil., gelsm., iris, lach..tinct., phytol., rumex, sang.-can., tell., verat.-vir.

Extremities, itching of—Aloes, asc.-tub., cact.-grand., cimicif. cist.-can., corn.-cir., gelsm., lach.-tinct., lith.-carb., rumex, tell.

Extremities, jerking of the muscles—Aes.-hip., bapt. tinct., ach.-tinct., phytol.

Extremities, numbness of upper—Gelsm., rumex, sang.-can., tell., verat.-vir., xan.

Extremities, numbness of lower—Lept., phytol., verat.-vir.

Extremities, pressing pain—Aloes, lach.-tinct., phytol., tell.

Extremities, paralysis—Aes.-hip., gelsm., iris, sang.-can., verat.-vir.

Extremities, pricking pain—Corn.-cir., ham., phytol., rumex, verat.-vir., xan.

Extremities, shooting pain—Bapt. tinct, caul., gelsm., iris, phytol., stict.-pul.

Extremities, spasmodic pain—Tell.

Extremities, throbbing pain—Eup.-perf., lith.-carb., murex, phytol., xan.

Extremities, weary feeling—Aes.-hip., aloes, bapt. tinct., cist.-can., corn.-cir., eup.-perf., gelsm., ham., hyd., iris, murex, nupr., phytol., rumex, sang.-can., tell. verat.-vir., xan.

Arms, eruption on—*(See Skin.)*

Arms, stiffness of—Eup.-perf., ham., lith.-carb.

Arms, cracking of left shoulder joint when moving it—Aloes,

Hands, burn—Corn.-cir., gelsm., murex.

Hands, red—Cimicif., sang.-can.

Hands, blue—Verat.-vir.

Hands, hot—Aes.-hip., aloes, cist.-can., gelsm., iris.

Hands, cold—Cact.-grand., corn.-cir., eup.-perf., euphorb., gelsm., verat.-vir.

Hands, dry—Aes.-hip., gelsm., iris.

Hands, œdematous—Aloes, cact.-grand., cist.-can.

Hands, feel too large—Bapt.-tinct.

Hands, feel numb—Bapt. tinct., gelsm.

Hands, itch—Asc.-tub., cimicif., corn.-cir., tell.

Fingers, throbbing in ends of—Lith.-carb., phytol.

Fingers, stiff—Caul., dios.-vil., eup.-perf., sang.-can. verat.-vir.

Fingers, red—Caul.

Fingers, itch—Asc.-tub.
Fingers, soreness roots of the nail—Lith.-carb.
Fingers, ulceration roots of nails—Sang.-can.
Left index finger crooked—Lach.-tinct.
Stiffness of joints as if sprained—Bapt. tinct., caul.
Pricking pain in the veins—Ham.
Varicose veins—Ham.
Chilly sensation down the arm—Lept.
Shoulder itches—Rumex.
Sensation as if the skin on the hands had contrnctcd—Tell.

LOWER EXTREMITIES.

Remedies acting on—Aes.-glab., aes.-hip., aloes, apoc.-andr., apoc.-can., asc.-tub., bapt. tinct., cact..-grand., caul., cimicif., cist.-can., collin. can., corn.-cir., dios.-vil., eup.-perf., euphorb., gelsm., ham., hel., hyd., iris, lach.-tinct., lept., lith.-carb., murex, nupr., phytol., pod.-pel.. rumex, sang.-can., stict. pul., tell., verat.-vir., xan.

Right leg—Bapt.-tinct., gelsm., iris, lach.-tinct., lith.-carb., phytol., sang.-can., xan.

Left leg—Cist.-can., gelsm., hyd., iris, lach.-tinct., phytol., pod.-pel., sang.-can., xan.

Thighs—Aes.-glab., aloes, asc.-tub., bapt.-tinct., caul, cist.-can., collin. can., corn.-cir., dios.-vil., eup.-perf., gelsm., hyd., lach.-tinct., lith,-carb., murex, phytol., pod.pel., rumex. sang.-can., tell.

Right thigh—Aloes., bapt.-tinct., cist.-can., hyd., lach.-tinct., lith.-carb., phytol., sang. can., tell.

Left thigh—Aloes, eup.-perf., gelsm. lith.-carb., murex, phytol., rumex.

Inside of thigh—Eup.-perf., lach.-tinct., lith.-carb., sang.-can., tell.

Outside of thigh—Phytol.

Hips—Aes.-hip., aloes, asc.-tub., bapt. tinct., cist.-can., eup.-perf., gelsm., hel., hyd., iris, lith.-carb., murex, pod.-pel., rumex, sang.-can., tell.

Right hip—Aloes, cist-can., eup.-perf., hel., hyd., iris, lith. carb., rumex.

Left hip—Cist.-can., eup.-perf., gelsm., lith.-carb., pod.-pel., sang.-can.

Loins—Asc.-tub., eup.-perf., hyd., murex, pod.-pel.

Knees—Aes.-hip., aloes, apoc.-can., asc.-tub., bapt. tinct., caul., cist.-can., collin. can., dios.-vil., eup.-perf., gelsm., ham., hyd., iris, lach.-tinct., lith.-carb., murex, phytol., pod.-pel., rumex, sang.-can., stict.-pul., tell.

Right knee—Gelsm., hyd., iris., lach.-tinct., lith.-carb., phytol. rumex, tell.

Left knee—Bapt. tinct., eup.-perf., gelsm., iris, lach.-tinct., phytol., pod.-pel., rumex.

Hollow of knee—Gelsm., iris, rumex, sang.-can., tell.

Feet—Aloes, apoc.-andr., asc.-tub., bapt.tinct., cact.-grand.' caul., corn.-cir., dios.-vil., eup.-perf., gelsm., hyd., iris, lach.-tinct., lith.-carb., sang.-can., tell., verat.-vir., xan.

Right foot—Eup.-perf., gelsm., iris, lith.-carb., tell.

Left foot—Caul., eup.-perf., gelsm., hyd., lith.-carb., pod.-pel.' sang.-can., xan.

Back of foot—Eup.-perf., phytol., xan.

Sole of foot—Aes.-hip., apoc.-andr., asc.-tub., eup -perf., lach.-tinct., lith.-carb., sang.-can.

Calves of the legs—Bapt.tinct., caul., cist.can., eup.-perf., gelsm., iris, lach.-tinct., rumex., sang. can., tell., verat.-vir., xan.

Right calf—Gelsm., iris, rumex., sang.-can., tell., verat.-vir. xan.

Left calf—Sang.-can.

Ankle—Apoc.-andr., asc.-tub., bapt. tinct., cact.-grand., caul., dios.-vil., gelsm., ham., lach.-tinct., lith.-carb., rumex., sang.-can,

Right ankle—Lach.-tinct., sang.-can.,

Left ankle—Asc.-tub., bapt.-tinct., caul., gelsm., lach.-tinct.. sang.-can.

Toes—Aloes, asc.-tub., caul., cimicif., cist.-can., dios.vil., eup.-perf., gelsm., iris., lach.tinct., lith.-carb., phytol., stict.-pul., verat.-vir., xan.

Great Toe—Cimicif., cist.-can., eup.-perf., iris., lach.-tinct., lith.-carb., phytol.

Great Toe, right—Cimicif., cist.can., eup.-perf., iris., lach.-tinct., phytol.

Great Toe, left—Cimicif., eup.-perf., lach.-tinct.

Joints—Apoc.-andr., bapt.-tinct., caul., cist.-can., gelsm., hyd., pod.-pel., sang.-can, tell.

Various kinds of pain—*(See upper extremities.)*

Lower extremities, stiffness of—Eup.-perf., ham., lith.-carb., phytol., pod. pel., sang. can.

Toes, stiff—Dios,-vil.

Lower extremities, trembling of—Aes.-glab., bapt. tinct., caul., cist.-can., corn.-cir., iris.

Lower extremities, œdema of—cact.-grand., ham., sang.-can.

Lower extremities, contraction of—Aes.-glab., verat.-vir.

Lower extremities, itching of—*(See upper extremities.)*

Lower extremities, varicose veins—Ham.

Lower extremities, twitching of muscles—lach.-tinct.

Cracking in hip joint—Aloes.

Cracking in knee joint—Pod.-pel.

Feet hot—Bapt.tinct., corn.cir., eup.-perf., lach.-tinct., lith.-carb., sang.-can.

Feet cold—Asc.-tub., bapt. tinct., cact.-grand., cist.-can., corn.-cir., euphorb., gelsm., lept., lith.-carb., phytol., pod.-pel., rumex., sang.-can., verat.-vir.

Feet œdematous—cact.-grand., eup.-perf., ham.

Feet, blue—Verat.-vir.

Feet, cramps in—Lach.-tinct., euphorb., verat-vir.

Feet, sweating of—Phytol., pod.-pel., tell., verat.-vir.

Feet, itching of—Lith.-carb., tell.

Feet, corns ache—Phytol., lith.-carb., sang.-can.

Feet, pain as of corns—Asc.-tub.

Feet, pain as of chillblains—Aloes.

Lower extremities, weakness of joints—Pod.-pel.

Lower extremities, fullness of joints—Ham.

Lower extrêmities, cramp in calves—Bapt. tinct., caul., gelsm., iris., sang.-can., verat.-vir.

Sensation of shortening in the tendons, behind the knee—Phytol.

Sensation as if the feet were in cold water—gelsm.

Sensation as if the muscles of the left thigh were falling off the bone—Eup.-perf.

Sensation in the knee, as if the relation of the bones was deranged—Gelsm.

Sensation in the skin of leg, inside, as if vesicles were bursting—Lach.-tinct.

Sensation as if the left foot were gone, (in the joint) so that he staggers when he runs—Lach.-tinct.

SECTION II.

MENTAL SYMPTOMS.

Activity—Aloes, iris.

Absent-minded (forgetful)—Gelsm., hyd., tell.

All conversation unpleasant—Hel., murex,

Anxiety—Aloes., cact.-grand., euphorb., gelsm., iris, lith-carb., sang.-can., tell., xan.

Avoids those who wish to comfort—Cact.-grand.

Contentment—Aloes.

Cross (peevish, irritable, fretful)—Aes.-hip., aloes, asc.-tub., cact.-grand., corn.-cir., gelsm., hel., iris, lach.-tinct., lept., sang.-can., xan.

Cheerful (joyful)—Aes.-hip., aloes, asc.-tub., cimicif., cist.-can., gelsm., hyd., lach.-tinct.

Cannot endure the least contradiction—Hel.

Confusion of the mind—Aes.-glab., aloes, bapt. tinct-, corn.-cir., cimicif., gelsm., iris, lach.-tinct., lept., lith.-carb., murex, stict.pul.

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Practice of Medicine.

A CASE OF SOFTENING OF THE BRAIN AND ITS HOMŒOPATHIC TREAMENT.

BY ED. A. MURPHY, M. D., NEW ORLEANS, LA.

Softening of the brain, like other diseases, has given rise to many well sustained arguments. Some considering it a phlegmasia, have named it Encephalitis, while others, and especially Professor Cruveilhier, believe it to be the result of inflammation of the cerebral veins, and have called it Capillary Apoplexy.* Some thought it belonged exclusively to childhood, others to the adult, and others to old age: all offering well sustained theories to what they had advanced.

Softening of the brain is nothing more or less than a special alteration of nutrition, one that can be produced by the influence of many different morbid conditions. To try and properly determine these several conditions is what should be done: a task requiring more time than I can devote to it, at present, but the only true one capable of leading to a final conclusion.

*Vide J. Cruveilhier Anatomie Pathologique.

In the case that I am about to mention, I have adopted the name given by the talented French professor,—"Capillary Apoplexy,"—because it is undoubtedly the result of inflammation, produced by exposure to the hot sun. My object in reporting the case, is to show the power of our "infinitesimals," when compared to the massive doses of allopathy. The case is the more interesting from the fact that the patient had been under the care of the best allopathic physicians of this city for two and a half years, without experiencing any relief.

Mr. A., aet. 67, of a plethoric constitution, a short neck, medium height, dark hair and eyes—a man who was noted for his muscular strength—while sitting on the deck of a schooner (during the summer of 1865,) on his way hither from Metamoras, felt something like an electric shock starting from the left temple and running down the shoulder and arm to the ends of the fingers. He then fell back unconscious. There was escape of urine, respiration stertorous, paralysis of the eyelids, (*blepharoptosis,*) mouth turned to the right, while the whole left side was paralyzed, and face flushed. When he "awoke," as he says, he could not speak: his tongue, he thought, was of lead. The left side was perfectly useless, (*Hemiplegia.*)

On the 1st of December, 1867, I was requested to take charge of the patient, whom I found with the following symptoms: Features much worn, a little paralysis of the eyelids, everything appeared to him to be dark, could barely use his left arm and leg, while the right leg was becoming very weak. Right arm normal, except a trembling that would occur when anything was grasped firmly. When seated he could not rise, and when in the erect posture, he could not sit in a chair unless helped to do so. Could not carry his food from his plate to his mouth. When seated on the edge of his bed, could not get his legs up alone, or when lying down could not rise without assistance. He stuttered and was much embarrassed in his speech, (*Dysphonia.*) It was nearly impossible for him to swallow liquids, as it would cause suffocation, (*Dysphagia.*) Constant pricking in the limbs, especially the lower ones. Several times he did not recognize his daughter who was speaking to him. When spoken to, he would burst either into laughter or tears. Some days he would feel a little stronger, and with the help of his stick would

walk into the garden, but, several times while so doing, he was taken with a cramp-like pain in the lumbar region, and would fall, losing all control of the lower limbs. He could not retain his urine a second after feeling the desire to urinate. Great thirst. Eyes sunken. Every now and then pains in the head. No appetite. Sleepless. The least noise would put him into a terrible state of nervous excitement.

Knowing the beneficial effects of *Arsenicum alb.* in softening of the brain, and especially the red, it being undoubtedly the most common,—the incomplete paraplegia—great muscular debility, etc., etc. I prescribed it. During the first week there was a little improvement in the general health, but nothing worthy of note. After waiting in vain several weeks for the effects of the several attenuations, I prescribed *Secale cornutum* 6th j gutt, Sacch. lact. q. s., to be made into six powders, and one powder to be taken morning and night. I thought this remedy indicated by his atrophied state, torpor of the limbs, darkness or sight, cramps in the calves, pricking of the toes, humming in the ears, palpitation of the heart, etc. My attention was still more called to *Secale** by the patient telling me that whenever he would injure himself so as to cause bleeding, that he noticed that his blood was very dark. I then noticed the slowness of his breathing, and concluded that there was a want of oxygenation owing to a diminution of the respiratory movements.

On my return, one week after, I was astonished to see my patient walk across the gallery to meet me. He did not even use his stick. It appears that after taking the second dose, he was able, for the first time in two years, to read the heading of the newspaper "Bee." He not only could walk to the breakfast table, but he carried his old arm chair. He also dressed himself alone. Liquids were swallowed without causing any inconvenience, while before, it was the dread of the family when they were compelled to give any.

It is evident that the case was one of *Apoplexia Sanguinea.* But the question now arises what softening was it and what portion of the nervous centre was affected? After hearing the his-

*A special action of Secale is to increase the action of the venous capillary system.

tory of the disease. my diagnosis was: Red softening, occupying the gray substance of the convolutions of the right hemisphere, produced by an inflammation of the cerebral veins, owing to exposure to the hot sun. How long will this amelioration last? Such a question I am not prepared to answer: for as a general thing, when a person has been affected with softening, he is susceptible of a second, and even a third attack: but, let it be as it may, it is now forty-five days since *Secale* was given, and the patient's health has been improving from day to day. In fact, he is as well as ever he was. He suffers every now and then from the consequences of an old scrotal hernia, but this is independent of the case reported.

Now not only does this show the superiority of our homœopathic treatment, but it impresses on the mind the necessity of closely observing the rules laid down by Hahnneman, relative to not repeating the doses. As for the attenuations, I believe that in certain cases it is a matter of indifference. The only important point is to choose a remedy strictly homœopathic to the disease, and to give it full time to exhaust its action.

CLINICAL LECTURE ON ALBUMINURIA

At the Good Samaritan Hospital, January 4th, 1868, *by Geo. S. Walker, Physician within.*

I shall begin the lecture with the composition of normal urine. We find first—

Water	933.00
Urea	30.00
Phosphates, Chlorides, Sulphates, etc.	Balance

According to Lehmann:

Water	932.019
Solid matter	67.021
	1000.000

Mean gravity.....1024

In disease the specific gravity of urine varies. It is increased when sugar or an excess of urea is present, and when the urine is concentrated and of deep color. It is decreased in certain forms of Bright's disease, in many cases of hysteria, and in all pale urines except that of diabetes.

Color of urine, in health—amber colored.

In *red urine* there is excess of acid, high specific gravity, and a large proportion of solids. We find it in health, after much sweating, as from abstinence from drinks, or from the use of highly nutritious and highly seasoned food; certain drugs and beverages also impart a bright red hue to it. In fevers, dropsies, and maladies characterized by a rapid decomposition of the tissues and of the blood, we have the dark red urine. The *deep yellow* also indicates the presence of bile.

Dark, brown, blue, or black urine, is present in many malignant diseases, and may be due to rapid morbid changes in the tissues and blood.

A *black* color is sometimes detected after long continued epileptic convulsions.

Brown, red, or blackish urine, sometimes is owing to the presence of blood, while *turbid* urine indicates the presence of mucus or pus.

The *reaction* of healthy urine reddens blue litmus paper, showing its *acid reaction*. It remains acid for at least a day after it has been voided, if not it is either neutral or alkaline.

Alkaline reaction is either from fixed alkali, as the carbonate of soda or potassia; or volatile, due to the decomposition of urea into carbonate of ammonia. In the former, heat does not restore the color of the red litmus paper, it remains blue; in the latter, a gentle heat brings back the red tint to the urine. Alkalinity, due to a volatile alkali, is always pathological. It is found in disease of the mucous coat of the bladder, or in retention, as in paraphlegia, or if mixed with pus.

There is often the presence of *abnormal substances* in the urine—we find *bile*, which has a very dark color, and the presence of which is proof that the bile passes into the blood on account of deranged action of the liver, or obstruction of the biliary ducts.

Sugar is occasionally found in the urine of persons who live exclusively on a starch diet, or in those who take large quantities of sugar, but as a general rule this article is only in a small proportion.

A large amount is only found in diabetes, in which disease the urine is light colored, of high specific gravity, and of a very pe-

culiar smell—in this affection the excess of water is enormous. To detect it we must boil an equal quantity of the suspected fluid and of liquid potassæ together. If it contains sugar it will become of a deep brown color, which grows deeper the longer the boiling is continued.

In *haematuria* the urine is of a red color, or of a more or less dingy or smoky hue, and deposits, on standing, a reddish brown or a dark coffee ground sediment. The only sure test for this is by the microscope, for it may be red or black in consequence of certain kinds of food or medicine. The next question to be solved is where does the blood come from? If from the uterus or vagina, we have to make a very careful examination. If it has been added for the purpose of deception, we draw off urine with the catheter. If it comes from the bladder it is not equally diffused through the urine; it is at first clear, or nearly so, but at the end of micturation is much more deeply colored, or pure blood in a liquid form, or in clots, is voided. Then, too, there is usually pain over the bladder, with frequent desire to pass water, or a stoppage in micturation. The *epithelium* mixed with the blood coming from the bladder, is flat and in scales. We find blood from the bladder or *vesical haematuria* in congestion of the bladder, and in fevers of a low type, in acute or chronic inflammation of traumatic origin, as produced by a stone, or, it may arise from malignant growths of the mucous coat of the bladder. Generally these are attended with pain, with a constant desire to empty the viscus, and with considerable emaciation and a general cachectic condition. The urine may contain pus, or the discharge may be vicarious. Persons who have piles lose the blood sometimes from the bladder instead of from the rectum.

Hemorrhage may proceed from the *prostate gland* or from the *urethra*. In these cases the bleeding is very profuse, and large quantities of pure blood are passed, not at all mixed with urine. If the blood come from the *kidney* we have pain in the lumbar region, and perhaps other symptoms, as dropsy, or albumen in considerable quantities in the urine, or again, the passage of gravel, but remember that *clots* are not encountered in renal hemorrhage excepting when the blood coagulates in the infund-

ibulum or the ureter. Such clots are of a whitish color, yet they are not absolutely pathognomonic of renal hèmorrhage, for coagula formed in the bladder may be retained there for some time, and lose their color before they are expelled.

The *epithelia* in renal hemorrhage are more or less round and small.

The presence of blood is often due to irritation or inflammation of the kidneys produced by some poison escaping out of the system through this channel. In scarlatina and other acute idiopathic diseases, where there is acute disquamative nephritis, we have also the presence of tube casts and a considerable amount of albumen. The blood is then derived from the engorged and ruptured *malpighian corpuscles.* An analogous congestion of the kidneys we meet with in typhoid fever, in small-pox, in malignant measles, and in acute rheumatism. Turpentine and catharides also cause it. It may also be caused by an altered state of the blood, as in purpura or scurvy. Also, in cancer of the kidney, or ulceration within the pelvis, of the organ, or by irritation set up by a calculus.

We find *albumen* from the admixture of blood or pus, or from a transudition of the albumen of the serum of the blood through the walls of the kidneys. The tests for which are as follows: If we shake urine contained in the test tube for a while, and it forms a high and lasting froth and the vessel is difficult to clean, we may suspect the presence of albumen. *Heat* coagulates the albumen. *Nitric acid* causes a white precipitate. *Heat* will also throw down the phosphates, and therefore we convince ourselves by adding *Nitric acid,* which will cause the turbidity to disappear if it is owing to phosphates. *Nitric acid* may give rise to a precipitate which is not albumen. It may deposit the urates, but heat here supplies the touchstone. The surest method is always to apply both heat and *Nitric acid.* But we must be careful not to employ too much *Nitric acid,* as a large amount redissolves the albumen.

Albuminuria or albumen in the urine is found in many affections, as, mental emotion, childbed fever, typhus fever, scarlatina, and in many inflammatory disorders, but principally in Bright's disease. This affection is also called: *Desquamative Nephritis ;* also, *Albuminous Nephritis.*

We divide the affection into the *acute* and the *chronic* form of *Bright's disease.*

Causes, indirect—sudden changes from hot to cold, (we find the disease principally among actors,) continued exposure to dampness and excesses of all kinds.

Causes, direct—in by far the most cases the passage of effete or excrementitious matters, derived from the blood through the tubuli uriniferi and malpighian bodies. Inflammatory diseases of the bladder occasionally tend to develope it from sympathetic irritation.

Albumen sometimes shows itself in the urine in consequence of various morbid conditions not heretofore mentioned. We observed it in pneumonia and after an amputation of the thigh; in pregnant women and in those affected with abdominal tumors, where the pressure upon the renal veins is sufficient to produce passive congestion of the kidneys. Mechanical injuries over the renal region may superinduce it in scrofulous, syphilitic, gouty, and other subjects predisposed to this complaint. For illustration, we may consider a case of scarlatina: the most important eliminators of the scarlatina poison are the skin and the mucous membrane of the throat, and the intestinal canal. When the poison is intense and the natural recuperative forces are feeble, these parts fail to perform their offices efficiently, and an extra amount of labor devolves upon the kidneys. During the passage of this poison through the tubuli uriniferi, an inflammatory congestion is produced—the malpighian corpuscles and the epithelial cells of the tubes become clogged up and their functions perverted. They now do not secrete any longer the normal urine from the blood, but allow the passage of albumen. The history of a large number of cases is as follows: After exposure to wet or cold, a fever sets in accompanied by nausea, and by a dull pain in the region of both kidneys, extending along the course of the ureters. The eyelids and face become puffy and swollen, and soon a general œdamatous condition of the skin is observable, showing itself very plainly in the extremities, scrotum, and abdominal parietes. Subsequently dropsical effusions take place into the interior cavities. The urine in this form of the disease is of high specific

gravity, and dingy from its admixture with blood. It contains a large amount of albumen. A minute examination brings to light casts lined here and there with blood corpuscles. As the malady progresses these blood-casts disappear, and we find the coagulable material which has been effused into the tubes coated with epithelium and free nuclei, or slightly granular, or quite homogeneous. A considerable amount of renal epithelium is also found. The desire to void urine is frequent, but the whole quantity passed is rather below the natural average. The constitutional disturbance is not, as a rule, extreme; the pulse, however, may be very quick, tense, and full. The urgent symptoms last generally for several weeks. When recovery is about to take place they abate; the skin becomes moist, the pulse is no longer accelerated, and hand in hand with a diminution of the dropsy, the quantity of the urine largely increases.

Chronic Bright's Disease.—An acute attack of Bright's disease may become very prolonged, and gradually pass into a confirmed malady, or the complaint may come on insidiously from the onset, and develop itself very slowly. The transition from the acute to the chronic disease is indicated by the disappearance of blood from the urine, by its lessened specific gravity, and the smaller amount of albumen it contains, and not uncommonly by a temporary diminution of the anasarca and an increase in the quantity of urine voided. (It is also stated that in the chronic form the temperature of the body is normal, while in the acute form the thermometer indicates a temperature ranging from 100 deg. to 105 deg. Fahr.) If the disease runs a more or less chronic form from the beginning, the first symptoms we notice may be a frequent desire to urinate, a swelling of the extremities and of the face, an increasing pallor and general debility. It is now that the patient generally applies for medical advice. The sure detection is the testing of the urine. If we find there albumen and tube casts, we may call it with surety a case of Bright's disease. The specific gravity of the urine is lessened on account of the diminution of the urinary solids. The urea is lessened and retained in the blood. The color of the urine is straw-colored and has a slightly greenish tinge. The blood is deteriorated with the urea (which latter we find frequently in the perspiration,) which causes dizziness, h

ache, neuralgia, constant thirst—drinks but little at the time—skin dry and white, eyes weak, face of waxen appearance, emaciated over the whole body, dyspesia, œdema in face and hands, and in almost every case cardiac disease, extremities feel alternately boiling hot, cold or insensible, nose bleeding, tenderness over the kidneys, twitching of muscles, wounds difficult to heal, heart burn, the sound of the heart is not normal but labored, the patient cannot lie on the cardiac side. But these symptoms may only be partly present.

Progronis is always unfavorable. By taking great care the patient may live for years, but as to a cure, we have no positive proof of its accomplishment.

Treatment.—We would advise the patient to live on the sea shore, and to avoid all emotions and excesses.

Arsenicum generally helps more than any other remedy.

Aconite when there is much excitement in inflammation.

Digitalis if heart symptoms are predominating.

Kali when gout or rheumatism are accompanying it.

We need not compare Bright's disease with affections of a similar nature, as through the above mentioned characteristics it can never be mistaken.

Surgery.

FISTULA IN ANO.

BY LEWIS GRASMUCK, M. D.

I. M., age 42; by occupation a farmer; large and robust looking, weight 225 pounds, very stout and active, sanguine temperament, large vitality, and intemperate habits. July 31st came into my office complaining of the following symptoms: For two two or three months past has felt a shortness of breath, tightness and fullness of the abdomen, a constrictive or tightening pain in both hypochondria, severe and continuous pain in the lumbar region, extending down into the thighs, severe sufferings from piles and prolapsus-recti., sleepless, excitable, passionate, bowels costive, and the past few days has been troubled with much nausea and vomiting; appetite variable.

Upon examination found the abdominal walls œdematous, little or no fluctuation perceptible, extremities also œdematous to a serious extent. Considering the dropsical symptoms of the greatest importance, I prescribed Ars. 3x trit one grain powders, three times a day, and directed him to report in one week, intending to follow the *Ars.* with *Nux vomica.* He had become alarmed at his condition and quit drinking. I saw him at the end of the week on the street, very much improved, so much so, that I could not induce him to continue the treatment. I afterwards met him frequently and learned that the œdema had entirely disappeared. November 16th he again appeared for treatment;—his "piles" he said were "killing him." He was reduced in weight about ten pounds, and looked very bad; the pain in the back and down the thighs still continued with great sufferings at stool, appetite poor, nights restless, pain so severe he couldn't sit still a moment. Had in the interval used no medicine, only applied water. I now prescribed *Nux. 3x dil.*, ten drops in a spoonful of water at bedtime; *Sulphur 2x trit.*, on powder in the morning; *Aesculus Hip. Cerate "ad. lib"* to report in one week. Nov. 23rd, came in, reports himself no better. I was much surprised, having as I thought given the *specifics.* Thinking something must be wrong I at once began a re-examination with the following results: the pain in the back and thighs was less, slept better and the appetite was improved, but there was still severe pain at stool, and a discharge of "matter" from an opening beside the anus. I at once examined and found a fistulous opening very small and scarcely perceptible, one and a half inches in depth near the verge of the anus on the right side, seeming to perforate the cellular tissue in the direction of the rectum. He now admitted that the fistula had existed for over two months, diffidence preventing him from saying anything about it.

I now continued the *Nux.* and *Sulph.* but discontinued the *Aesculus,* and substituted for it injections of hydrastine in aqueous solution, the fistula to be injected twice a day, morning and evening. On Nov. 30th the patient called to get more "Nux," saying it always relieved the pain. Dec. 5 called to get more *Sulph.*, reports fine progress, no more pain at stool. Dec. 14th, called for "more Nux," praising it very much; fistula healing

very rapidly, no more discharge. On the 23rd December reports again: fistula is closed, the scar being scarcely perceptible, all the symptoms have disappeared and he is a well man. Up to the present time, January 29, he is still sound and there are no indications of a return of the symptoms, should they return in any form, I will at once notify the readers of the OBSERVER of the fact.

PERINEAL URETHOTOMY.

Surgical Clinic at the Good Samaritan Hospital.

BY WM. TOD HELMUTH, M. D.

GENTLEMEN: Before introducing to your notice the patient upon whose case I propose to exhaust the hour, you may feel interested to ascertain the condition of the little girl who was brought before you at the last clinic with serious disease of the knee joint. It will be remembered that the cavity of the articulation was entered first by a delicate exploring trocar and canula, and secondly by a Tènotome, the knife being introduced in the sound integument and being pushed upward into the swelling, making thereby a valvular incision. On the second day after the clinic the whole leg began to swell and become erysipelatous, accompanied with high fever, flushed face, delirium, thirst, and all those symptoms of severe constitutional disturbance which are generally observed with erysipelas. I was not only alarmed for the welfare of the patient, but for that of others in the house who had undergone operations of various kinds. I may stop here to remark how peculiarly contagious erysipelas becomes in hospitals, or, rather how very susceptible are those suffering from wounds to become affected with the disease. I well recollect my consternation when after having performed a resection of the elbow joint before the class of our college, in going through the wards I found a case of erysipelas in a little girl in one of the lower rooms. Although every preventive and precaution were used, on the next day symptoms of the disease developed themselves in a boy from whom I had removed half of the inferior maxillary bone about ten days pre-

viously—two days later the patient from whom the elbow joint had been exsected, showed some manifestations of the affection, and died about the twelfth day.

In the little girl affected with disease of the joint, Bella. 30th every two hours was prescribed with the most wonderful result, and she is now doing so well that I trust in a few days I may be able to remove the limb.

The patient which I here show you, you will perceive is emaciated and miserable and you are able to detect that peculiar odor urinæ which points to the seat of his trouble. The case is one of exceeding interest. This man aged forty-seven, some eight months ago fell from a considerable height, with his legs astraddle of a beam, striking the perineum with great force, and causing a severe laceration of the scrotum. He was taken to the City Hospital where the wound was dressed and finally healed. He then became troubled with retention of urine, with great pain on voiding his water, and between times, as you see him now, with total inability to prevent a constant dribbling of urine from his penis. He has despaired of being cured, and states that he is willing to submit to any course of treatment that may have the slightest tendency to give him relief. He is offensive to himself and to those around him; he suffers at times most excruciating pain; his appetite and digestion are impaired, and all his symptoms are of an aggravated character. Upon attempting to pass a No. 1 Bougie you will perceive that it is perfectly impossible so to do—the point of the instrument entering into all kinds of false passages until it reaches the membranous portion of the urethra when its further progress is arrested. I shall perform upon him that operation known as perineal urethrotomy, to which so much importance has of late been given, owing especially to the thorough understanding of the parts as taught by Syme, Van Buren, Thompson, and others. Before I make a single incision, I must make you thoroughly conversant with the anatomy of the parts, and then you may be able not only to understand the steps of this difficult operation, but to perform the same yourself. Look at his perineum—it has been shaved for better inspection. Let me draw a line across from each tuberosity of the ischium, forming the base of two triangles, the apex of the anterior one being the symphisis of the

pubis; that of the latter the point of the coccyx, the anterior is the perineo-uretheal; the posterior is the perineo-anal triangle. All that we have here to do with is the former. Along its centre is a median line, the raphe of the perineum. Through this I intend to make the first incision, but the integument in this portion of the body is so loosely connected with the subadjacent structures, that before entering the knife it is very necessary that with the thumb and fore-finger of the left hand, holding its convexity toward the scrotum, the parts should be rendered as tense as possible, otherwise you will find that in dividing the layers beneath, you have not made the incision exactly in the mesian line, and this will materially impede the other steps in the operation. Immediately underneath the skin we find the cellulo-adipose-tissue, the thickness of which is variable. I have known it sometimes to be almost an inch in depth, and this in persons who were not remarkable for adipose development elsewhere.

The next layer which we discover is the proper superficial fascia, which extends itself over the muscles immediately beneath. The point which I wish especially to impress upon your minds, and which explains the peculiar course of the urine in extravasation, is this: that this fascia being firmly attached on each side to the pubic and ischiatic bones, and being in front continued upwards into the scrotum, that urine, in consequence of rupture of the urethra, can only travel in two directions—not *downwards*, as would naturally be expected, but forward and upward toward the scrotum and the groins.

Underneath the superficial fascia we have what is known as the muscles of the perineum, which I demonstrate to you on this model:

Transversus perinei—two in number—O, inner surface of tuberosity of ischii; C, inward and forward; I, central tendon of perineum.

Erector penis—two in number—O, below the above; C, forward and upward; I, sides of the cavernous body of the penis.

Accelerator urinæ—single—O, under surface of bulb and posterior part of the body of the urethra; C, obliquely outwards and forwards; I, inferior fibres into triangular ligament—middle fibres into each other—superior fibres into sides of cavernous body of penis.

The next layer is one of the utmost import not only to the surgeon, but also to the physician, because a knowledge of its position and relations is so valuable in the passage of the catheter. I speak of the *Triangular Ligament.* This structure is composed of two lamina, separated by a slight interval, the anterior being the stronger and prolonged around the urethra, while the posterior invests the prostate gland. In the space between the layers are found Cowpers glands, the arteries of the bulb and a plexus of veins. You will please bear in mind that the urethra is moveable throughout its entire extent, until it passes through the opening in the triangular ligament, when it becomes *fixe* in its position, therefore by careful measurement of its relative positions with the sphincter vesicæ, we can determine the proper curve of the catheter, which I am sorry to say, has not until lately, received that accurate attention which its great importance demands, the matter being often left entirely to the caprice or judgment of the cutlers. The operation I am about to perform has received the sanction of many most eminent surgeons, and is growing daily in repute. Prof. Syme I think has stated that *perineal urethrotomy* is about the only safe and sure means for the radical cure of traumatic or impervious strictures. Prof. Van Buren says the same thing, and in a late lecture, styled "Then and Now," in which great improvements in medicine and surgery are noted, Prof. Gross gives us the same idea. His words I have forgotten.

With a few words upon *stricture,* I must hasten on to the performance of the operation, the demonstrations having taken more time than I usually allow for them, but the subject is so important, and the anatomy so often overlookod, that I deem it best to make you thoroughly conversant with it before proceeding farther with the subject.

The urethra is divided generally into three portions: the *prostatic* or that covered by the prostate gland; the *membranous* and the *spongy;* although some anatomists have four divisions, making as a separate portion, that part of the canal to which the bulb belongs, and terming the same BULBOUS. In examining the specimen which I now present to you, you will perceive that the whole of the membranous portion of the canal is very much thickened, scarcely admitting the passage of

a thread. The specimen is taken from a man who died of pyæmia, after the operation of perineal urethrotomy. There are two kinds of stricture—spasmodic, and permanent, or organic. Of the last variety, Mr. Thompson (who has given the matter considerable study,) makes four varieties: 1st, linear stricture; 2d, annular stricture; 3rd, indurated; 4th, irregular.

That variety which we have now to treat is the traumatic, probably, the most intractable of all. The different methods of treatment of stricture, I shall not have time to enter upon, They consist in what is termed dilatation, with different sized and differently constructed instruments, and of incisions made in different manners.

The operation was performed as follows:

The patient was placed upon the table, brought to its edge, and his wrists and ankles bound together after the position for lithotomy. A No. 1 Sound was passed down to the impervious point and drawn up well under the pubes. Dr. Walker holding the same in position. With a straight and sharp pointed bistoury an incision was made in the perineum down to the point of stricture, and a part of the resisting mass divided for about half an inch, a director was then passed through the wound into the bladder, and with a long handled probe pointed bistoury, the entire prostatic part of the canal was cut through. After this was accomplished, the false passages were all divided, and a catheter passed into the bladder.

March 1.—The operation has been perfectly successful. The patient voids his urine at will, retains it as he pleases, and has learnt to pass a No. 9 Bougie, night and morning, with the greatest facility. The operation was performed on Dec. 11th, 1867.

A NEW METHOD OF ARTERIAL COMPRESSION BY A SECTIONAL LIGATURE.*

More Especially Designed for the Treatment of Aneurisms.

Read before the New York Journal Association, December 13, 1867.

BY R. E. VAN GIESON, M. D.,
Of Greenpoint, New York.

It is not necessary, in the few remarks that I shall make concerning what I believe to be a new method of arterial compres-

*Medical and Surgical Reporter, February, 1868.

sion to give in detail the various methods that have hitherto been employed for the restraining of hæmorrhage from accidental or surgical wounds, but in accordance with the established custom of the Association, it would, perhaps, be not inappropriate to give a very brief resumè of the more recent methods which have been, from time to time, recommended and applied. Up to the present time, the various means employed for this purpose can very concisely be included under three heads.

1st. Antedating the time of Ambrose Parè, the method of styptics and escharotics.

2d. Dating from the time of Parè, the ligature with all its subsequent modifications, as to material and method of application.

3d. Dating from the discovery of Sir James Simpson, the method called by him acupressure.

Of the first two divisions, it is foreign to our purpose to speak.

The paper of Sir James Simpson upon the subject of acupressure was presented at the first winter meeting of the Royal Society of Edinburgh, held on Monday, the 19th of December, 1859. The proof-sheets of that communication were sent by the author to Prof. George T. Elliot, and by the latter read before the Academy of Medicine, at the meeting of January 19th, 1860, and published in the proceedings of the Academy in the *Medical and Surgical Reporter* for January 28th, 1860, a little more than a month after the illustrious author had first made known his now celebrated method, and in this way was first brought to the notice of the profession in America.

In publishing these proceedings, the following reportorial note was made:

"Dr. Simpson's paper will probably be made the subject of a future discussion in the Academy, and meanwhile, the profession have an opportunity to put his mode to the test. *Theoretically*, we could raise various objections against the application of acupressure, the chief of which is that it can never be employed in large arteries as the femoral, etc., without subjecting the accompanying nerve, as well as the veins, to nearly the same amount of pressure as the artery sustains; and it is questionable whether the advantage gained from the pressure upon the artery by this means will not be overbalanced by the disadvantages from press-

ure upon the nerve, and the impediment to the return of blood by the pressure upon the vein. All this, however, must be determined by clinical observations."

The opinion which I then ventured to express, has not been materially altered by the many results which have been published up to the present time. I am not aware that American surgeons have, as a rule been able to report as favorable results from this method as the immediate adherents of its author. The results of Dr. Hutchinson, given at one of the recent meetings of the Pathological Society, were certainly not such as would induce one to repeat the operation. In one of his cases, the stump became so swollen in the course of forty-eight hours, that he was obliged to loosen the sutures, and when he did so, bloody serum and pus oozed from the wound. In the other case about a drachm of blood escaped when one of the needles was removed. At the same meeting, Dr. Markoe's language was strongly condemnatory. He said that he had used the method in two cases, in conjunction with Dr. Van Buren, and that it was attended with so much irritation and suppuration, that he was disgusted with it altogether, and had never since repeated the operation. Acupressure, whether as successful as its author claims, or not, marks the transition from the idea of total or partial constriction of an artery, to that of total or partial compression.

MODIFIED ACUPRESSURE.

Mr. JOHN DIX, of Hull, in 1862, proposed a modification of Simpson's method, which he calls the wire compress. The method consists in placing a wire beneath the isolated artery, bringing the ends outwards through the surrounding integument, and then bringing the ends over a needle or probe. He relates a case in the *Medical Gazette* for December 30th, 1865, in which this method was applied to the carotid artery. "By the wire," says Mr. Dix, "obstruction to the circulation was gradually effected; the flow of blood was not completely cut off until the third day. On the sixth day the wire was removed. Meanwhile it had not interfered with the wound nor damaged the coats of the artery. On the tenth day the patient was convalescent.

Mr. TEALE tried the same method* in a case of popliteal aneu-

*Lancet, Jan. 5th, 1867.

rism. The compress was applied to the femoral at the apex of the Scarpa's triangle. The ends of the wire were brought over a wedge of cork, and compression kept up for eight days. At the end of this time the cork wedge was removed, but the wire was allowed to remain. On the tenth day, the treatment was renewed by the insertion of another wedge. On the sixteenth day, pulsation had ceased in the tumor, and the wire was withdrawn. On the twenty-third day, erysipelas set in at the wound and the punctures made by the wire; abcesses soon formed in the knee and calf of the leg, and death followed at the end of the eleventh week.

Mr. Teale thinks that where consolidation is deferred (as in the preceding case,) that this method possesses no advantages over the ligature, as it will finally, like the ligature, cut its way through the artery.

Dr. Sands, in the meeting of the New York Pathological Society, of October 23d, 1867, related a similar case. The wire was here applied to the femoral artery, and the ends brought over a compress. He did not recollect the progress of the case, but the patient died not long after from diffuse cellular inflammation of the limb.

At the same meeting, Dr. Markoe related a case in which the wire was applied to the subclavian artery, by Mr. Porter, of London. The ligature was tied over a probe outside of the wound. At the end of fifty-six hours he was doing well.

The final result of this case is given in the surgical summary of the *New York Medical Journal* for December, 1867, from which it appears that, although the pulsation in the tumor was arrested in the beginning, it returned at the end of three weeks, and soon became as strong as before the operation.

On July 31st, as the disease was increasing rapidly, Mr. Porter determined to attempt a cure by placing direct pressure on the innominate artery. Instead of using the needle and wire, as before, he employed an ingenious instrument, invented by Dr. L'Estrange, which somewhat resembles a double aneurism needle without eyes. It is furnished with a moveable handle. One blade is first carried under the artery, and the second is then carried down to the vessel, and made to compress it. The blades are approximated by means of a screw, and when closed

sufficiently the handle is removed, leaving the needle in the wound. The pulsation in the tumor was arrested, and on Aug. 2d, the needle was removed, but pulsation returned strongly in the aneurism. This is probably the first case on record, in which occlusion of the innominata has been attempted by pressure without ligation.

THE METALLIC SNARE OF PROFESSOR SMITH.

Still another method of securing arteries, differing only from the ligature in the method of its application, and convenience of removal, is the "metallic snare" of Professor Smith, a description of which is given in the *N. Y. Medical Gazette*, Vol. 1, No. 4, October 19th, 1867.

In this method, an annealed iron wire is placed around the artery, and the ends slipped through a silver tube. It, of course, has to cut its way through the artery before it can be removed, and therefore possesses no special advantages over the ordinary ligature.

COMPOUND ACUPRESSURE.

Dr. AITKEN, of Tekonsha, Michigan, calls by the preceding name a plan described in the *American Journal of Medical Sciences* for July, 1865. In this method the artery is to be compressed for a period of between six and twenty-four hours between two needles, two or three inches long, of the size of common darning needles, or smaller, of steel, soft tempered in the outer portion, so as to be readily cut. The extremity of one has an eye bent in a short curve, and the end of the other has a notch to interlock with the needle containing the eye. The needle with the eye is first passed under the exposed artery, until the notch of the second can be engaged in it, they are then approximated sufficiently to bring together the inner walls of the artery, and so obliterate the channel. A few turns of silk are wound around the terminal ends, and the projecting point cut off with nippers.

Dr. AITKEN does not state that he has ever tested his method, either in the human subject, or upon any of the lower animals. Without a knowledge of Dr. AITKEN's method, I some time ago tried a similar plan upon elastic tubes imbedded in muscular tissue, and after numerous failures, rejected it as impracticable,

on account of the uncertainty of removal. Experimenting in the same direction I arrived at the present method, which is radically different in construction, but involves the same principle. I have called it arterial compression by means of a sectional ligature. Acupressure it is not, for needles are in no way

FIG. 1.

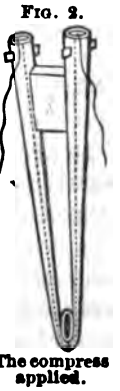
The compress ready for application.

concerned in its construction. Perhaps a better name for the instrument would be "the tube compress." The apparatus consists of two slightly tapering silver tubes and a connecting medium of silk, iron wire, or silver wire. At their internal or arterial extremities, the tubes have a certain amount of curve, depending upon the circumference of the artery to be included. The aperture at the arterial points of the tubes is almost capillary in size, being only a trifle larger than the wire which is to pass through it. This aperture is situated as near as possible to the side of the tube lying furthest from the artery, so that the bottom of the tube is nearly solid where it lies in contact with the artery.

At the external ends of the tubes, a screw can be easily adapted, by which pressure can be graduated to any desired degree. In the figures, the graduation of the pressure is seen to be obtained by means of a wedge.

METHOD OF APPLICATION.

FIG. 2.

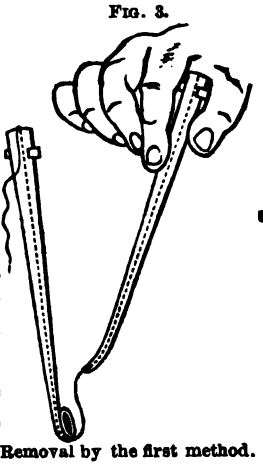


The compress applied.

An ample supply of wire is first passed beneath the exposed artery, and the ends brought out at the incision; over each end of the wire, one of the tubes is now passed down to the vessel, and their internal extremities brought in contact. The protruding wire is now abruptly bent over the end of each tube, and the external ends of the tubes brought together by means of the screw, or the ends of the wire may be wound around a wedge of cork between the tubes; by altering the position of the wedge, or by turning the screw the amount of compression desired is obtained.

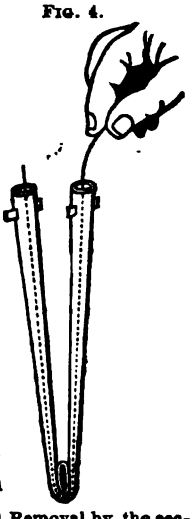
The *removal of* the apparatus may be accomplished in one of two ways, according to the depth of the artery. If the artery is quite superficial, the end of the wire over one tube can be cut, the tube of the same side removed, and afterward the other tube with the wire attached (Fig. 3); but if the artery is deep seated, let *both* tubes be firmly held by a clamp; now cut off the end of the wire over one of the tubes, and seizing the other end of the wire, draw it steadily through the whole length of both tubes; the latter are now free and can be easily withdrawn (Fig. 4.)

Fig. 3.



Removal by the first method.

Fig. 4.



Removal by the second method.

This apparatus is more especially designed for the treatment of aneurism, and since it is now generally admitted, and indeed taught, that it is by no means necessary for the whole of the circulation through an artery, to be either entirely or permanently arrested to secure coagulation in the sac, the belief is justified that such an apparatus, presenting neither difficulty in application or removal, may possibly aid in securing the desirable result, without the irritation and suppuration which have, with occasional exceptions, attended other methods of procedure.

I have made but two experiments with this apparatus, and those under many provoking difficulties, both as to the obtaining of proper subjects and the sustenance of the animals after the operation. The subject chosen in the first instance, for want of a better, was a young calf, certainly not much more than ten days old. With the assistance of Dr. Hawley, the right carotid was exposed on the first of December, aud the whole apparatus easily adjusted. An attempt was made to include a part of the sheath between the tubes, whether this was done or not, I cannot certainly say, as my fingers were almost frozen from the

intense cold of the day. The tubes having but a slight curve, were brought closely together at 11 A. M., but whether the current was completely arrested or not, was another point very difficult to determine, as the artery pulsated but faintly before the compress was applied. I learned after the operation that the animal had been kept since the preceding Friday, without either food or drink. On the following Wednesday morning at 11 A. M., the ligature was removed by the second method. The wire broke near the point of the internal junction of the tubes, though only a slight degree of traction was exerted. The tubes were then withdrawn without the slightest difficulty, not a single drop of pus escaped from the wound, nor has there been any evidence of irritation during the whole time in which the tubes have been in contact with the artery. After the operation, the nearly famished animal was abundantly fed with milk, and took his meals with an appetite which could well be called ravenous. On Wednesday evening the animal, contrary to my directions, was unfortunately through some mistake slaughtered, and the carcase mutilated before I could get an opportunity to dissect the parts. I succeeded, however, in finding the portion of the artery compressed, and it would seem from its appearance that the apparatus had cut its way through, an effect, however, that may be due to a post mortem accident. The ligature had certainly not cut its way through at the time of removal, because the tubes could not then be withdrawn until the wire had been taken away. On Tuesday evening, at 10 P. M., the tubes could be seen to pulsate, a sufficient evidence that the artery was then at least, intact. For these reasons I am inclined to think that the artery was not really severed at the time of death.

As a rule we rarely see the artery completely divided sooner than the sixth or seventh day.

Whether the tender age and exhausted condition of the animal might have hastened such a result, I am not prepared to say. On examining the specimen, the occlusion by coagula is seen to be perfect.

A second operation, under more favorable circumstances, was performed on Tuesday, the 10th of December. The subject in this instance was again a calf, but much older and more vigorous than the first.

With the assistance of Dr. J. S. Hawley, the right carotid was exposed, and the tubes very loosely applied at 1 P. M. A wedge of cork was inserted between the external extremities of the tubes. The intention in this case was partially to diminish the current of blood without inflicting damage upon the arterial coats.

A portion of the sheath of the artery was certainly included between the tubes. Slight pulsation could be felt above the compress, showing that the circulation was not completely arrested.

The caliber of the artery was certainly not diminished more than two-thirds, perhaps not more than one-half.

The animal was occasionally observed for a period of thirty hours, during which time it did not appear to suffer the slightest inconvenience from the presence of the apparatus.

At the end of thirty hours the instrument was easily removed by the second method. The wire slipped readily through the tubes without breaking.

Two hours afterward the animal was killed in my presence. As soon as life was extinct, the parts were carefully examined. The wound was completely glued together by plastic exudation at every point except where the instrument had been placed. On separating the edges of the wound, about a drachm of perfectly limpid serum escaped.

There did not appear to be any more inflammation than one would reasonably expect from the effects of the operation necessary for the exposure of the artery. On reaching the vessel a slight sulcus was observed, indicating the point where the instrument had been applied. Just beneath this sulcus there was a slight ecchymosed spot about the size of a pin head, produced perhaps, by the continued pulsation of the internal extremities of the tubes at that point.

A section of the artery three-fourths of an inch above and below the point of compression was then removed. On opening the artery there was no evidence of occlusion, or any attempt at the formation of coagula. The whole internal surface of the artery was smooth and glistening, and it would have been difficult to determine where the compression had been exerted, had not the sulcus upon the surface served as a guide to the point.

The facts established by these experiments would seem to be these:

1st. That the apparatus can be easily applied and removed.

2d. That it produces almost no irritation.

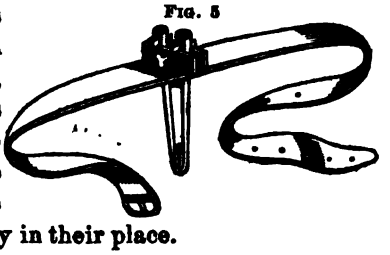
3d. That when brought closely together, so as to completely arrest the circulation for a period of seventy hours, the occlusion by the coagula was perfect.

4th. That when applied very loosely, so as to arrest only two-thirds or one-half of the circulation through the artery for a period of thirty hours, the vessel was not materially damaged, nor was there any attempt at the formation of the coagula.

I am, of course, unwilling to make any deductions from this limited course of experiments. Future and more guarded operations upon the lower animals will perhaps justify the trial of the apparatus on the human subject, where, with the advantage of intelligent co-operation upon the part of the patient, we will be enabled to judge of its fitness or unfitness for the treatment of aneurismal tumors. When we consider that coagulation can be produced in an aneurismal sac *without occlusion* of *the artery* at the *point of ligation*, the use of the instrument is perhaps justified.

In the application of such an apparatus to the human subject, a single precaution would be necessary, the weight of the tubes should not be allowed to press downward beneath the included artery; to obviate this, a strap, with a clamp to hold the tubes in position, could be adjusted to the part. The same contrivance would aid in the removal of the wire by holding the tubes firmly in their place.

Fig. 5



The advantages which seem apparent in this apparatus are:

1st. Ease of adjustment.

2d. Ease of graduating the pressure.

3d. Ease of removal.

4th. No tissue except that of the artery is subjected to compression.

ACUPRESSURE.

The following remarks made by Dr. HUTCHINSON on the effects of compressure on arteries, may well follow the above article, and will be perused with the greatest interest by those who are investigating this important subject:

THE EFFECT OF ACUPRESSURE ON ARTERIES.

DR. HUTCHINSON exhibited the right and left carotid arteries of a sheep that had been cut for the purpose of ascertaining the method of closure of vessels when acupressure was employed, and the time required to effect such a result. The first vessel was cut on the 1st of November, the other on the 18th; the animal being killed yesterday, and both arteries removed.

The left carotid was the first one cut. It was exposed, and an acupressure needle used according to Simpson's fourth method. When this was applied to the artery, the vessel was cut above, and as was expected, there was hæmorrhage from the distal end. The needle was immediately applied to that side of the artery, with the effect of at once controlling the hæmorrhage. The wound was then brought together with sutures. At the end of forty-one hours, both ligatures were removed and no bleeding followed.

The same operation was done on the opposite side, as already stated, on the 18th, and the ligatures were likewise removed on the forty-first day with a like result. Dr. H. remarked that he had intended to have removed them earlier, but was prevented from so doing by being called away to the country.

"In looking at this specimen," said he, "it will be observed that there is no clot in the left carotid, either on the distal or cardiac side, that the vessel is completely closed at its mouth, and perhaps a little contracted there. On making an examination, I found the cellular tissue and sheath of the vessel connected very firmly with the extremities of the artery; the nerve was also imbedded in the mass; the vein was agglutinated, but easily separated. On the opposite side the same condition existed. It will be seen that the artery on this side was considerably larger than on the left, for the reason doubtless that the latter was first tied, and there was in consequence a greater

volume of blood in the other. There are also in this vessel (right) two clots of a purplish color; one of them by accurate measurement was five-eighths of an inch, the other three-eighths of an inch in length, one of these was pyramidal at the top, the other was not. These clots were very slightly adherent to the vessel. The vessel has been laid open entirely to its mouth, which appears to be occluded by organized lymph."

He stated that the first experiment that he performed with the acupressure was upon the dead subject. It was made by amputating the thigh, and afterward by introducing the nozzle of Davidson's syringe into the common ililac artery. A strong man then pumped into the vessel with sufficient force to throw a stream through the severed end of the femoral for a distance of five feet. No difficulty was found in arresting this flow by the application of the acupressure needle.

Since the experiments upon the sheep, he had performed two upon the living subject. One of these was upon a little girl whose leg was reamputated. The first operation was necessitated by the occurrence of a railroad accident, causing a compound comminuted fracture of the leg. The flaps, however, sloughed, and the bone protruded. The second operation was performed on the 7th of November, by Dr. Enos, with whose permission Dr. Hutchinson employed acupressure. Four needles were applied in this case. During the amputation the patient suffered very much from the effects of ether, and the vomiting which resulted was kept up more or less for forty-eight hours. The hæmorrhage was, however, entirely arrested by acupressure. Soon after she was put to bed, a little oozing took place after a vomiting spell, but this was only a reddish serum. The stump was accurately closed with silver sutures, but, on account of tension, which soon after occurred, they were loosened forty-eight hours after the operation, when the needles were also removed. There was union, by first intention throughout the whole of the wound, except about half an inch in extent.

The second operation was performed the day before the meeting, after a reamputation of the foot at the tarso-metatarsal articulation. A portion of the foot was amputated

months ago, but when the parts healed, the metatarsal bone of the little toe was found to project, and that of the fourth toe being also left, caused such a great inconvenience that the second operation had to be performed by removing the parts higher up. Five needles were used, and, in addition to these, persulphate of iron had to be applied to one of the surfaces of the bones which broke off at the articular surface. It was also necessary to apply a ligature next to the bone, and one was accordingly dipped in carbolic acid, and the ends cut off short. The edges of the wound were drawn together with metallic sutures, and the acupressure needles were removed twenty-two hours after the operation. In removing the last needle, which was from the dorsalis pedis artery, a little oozing took place, but it was only for a moment. The patient at the time of reporting the case was comfortable, and the wound looked well.

Dr. MABKOE stated in conjunction with Dr. Van Buren he had made two operations with acupressure. In both instances the needles were left for three days, not knowing at the time that they could be taken away earlier. The wounds were large and the needle occasioned considerable stretching, followed in both cases by inflammation and suppuration. The hæmorrhage in both was promptly arrested, but in consequence of the irritation of the needles and the deformity they occasioned at the line of the flap, he had abandoned their use.

A NEW INSTRUMENT FOR ARTERIAL COMPRESSION.

At a late meeting of the New Pathological Society, Dr. VAN GIESON read a paper entitled, "A New Method of Arterial Compression by Means of a Sectional Ligature." After a resumé of the more recent modes employed for the complete or partial occlusion of arteries, he described an invention of his own, designed to effect either of these objects, and applicable more particularly to arteries in their continuity, as in the treatment of aneurism. The apparatus, as exhibited, consists of two small silver tubes, each having a shoulder near one end, and a slight curve at the other. The size of the curve should correspond with that of the artery to be operated upon, so that when the two curved extremities are passed down upon

opposite sides of the vessel, they may together embrace it below. A piece of wire and a wedge of cork complete the instrument. To apply it, the artery having been exposed and the wire passed beneath it by an aneurism needle, a tube is slipped over either end of the wire, until the two curved ends meet beneath the artery; the opposite ends, remaining outside the wound, are then approximated until the desired degree of compression is attained, when they are fixed in position by placing the wedge between them, and winding the free extremities of the wire around the shoulders. The apparatus is made immovable by adhesive strips, or by a strap fastened about the limb, and provided with a clamp for the purpose. In place of the cork wedge, the doctor proposed to graduate the pressure by means of a spiral spring and a screw. The wire does not touch the artery after the tubes are applied, and in removal it may be drawn out while the tubes are held in situ, to avoid the chance of laceration. The inventor claimed for his instrument facility of application and removal, and ease of graduating the compression. He gave the details of two experiments with it, and desired to see it further tested.

[For the benefit of those investigating this subject we have given the paper entire, in another portion of this number.—Ed.]

Translated Articles.

FOREIGN ITEMS AND CLINICAL NOTES.

Translated and selected for the Western Homœopathic Observer.

In Padua, Dr. Lambrecht, Prof. of Obstetrics in the Medical School of that city, and Dr. Sonnenberg, staff surgeon of the Military Hospital, are both Homœopathists.

In Milan, Dr. Lunghi, who only very recently, was a violent opponent of Homœopathy, has been converted, and is now President of the Homœopathic Society.

A second Homœopathic Pharmacy has been opened in Naples; and in Palermo a Royal Homœopathic Academy has been privileged by the government.

Turin has a Homœopathic Hospital, and twelve physicians

who practice Homœopathy, one of them the celebrated Kio, is a member of the faculty in the Medical College.

Quite a number of *decorations* among the homœopathic physicians in Germany and Austria have lately taken place. The crowned heads of Europe seem to appreciate the services of homœopathy.

CLINICAL NOTES.

Dr. Schleicher, of Vienna, recommends the Swedish Gymnastic in conjunction with homœopathic treatment in phthisis pulmonalis. He has observed splendid results from this treatment.

Dr. Sorge refers to a case of croup, which resisted *Aco. Jod. & c.;* the patient growing rapidly worse he ordered *Merc. Viv.* II *tr.* internally, and inunction of *ung. merc.* The patient recovered rapidly, without the least symptoms of ptyalism or stomatitis.

Urtica urens (infusion) has been employed with very gratifying results in several cases of *metorrhagia;* also in *leucorrhœa,* it was found to be of great benefit.

Purpurea rheumatica.—A boy, ten years old, took sick with slight chills and fever, and pain in the extremities, followed by profuse epistaxis, which was quite difficult to arrest. Soon after there appeared on the arms and chest, red and bluish spots, size of a lentil seed, they were smooth, round, quite numerous, and gradually extended over thewhole body. *Secale* 1*st X,* one drop hourly, acted very promptly and effected a speedy cure.—*Dr. Ed. Cserna.*

Excessive Sexual Excitement.—A widow lady aged 65 years, hysteric and troubled with hæmorrhoides, suffered for a year an excessive sexual excitement. For a long time she did not inform her physician of it, but after she made known to him the fact, he prescribed *Origanum vulg.* 3, and the patient was very soon relieved.—*Dr. Gallavardin Homœo. Klinik.*

Tetanus—Ammoniac.—In a very serious case of Tetanus, six or seven drops of ammoniac, in water, half hourly was of great benefit. It was with great difficulty that mediain or any liquid could be given. A profuse perspiration followed the administration of the ammoniac. On the third day the patient was able to open his mouth; on the fifth day patient could sit up in bed; on

the sixth day he was able to be up and eat and drink, and declared that he was free from all pain, &c. Two other cases are reported in the "*Revu Clinique,*" cured by ammoniac, no sinapisms and vesicants were used.—*Gaz. des. Hopit.*

[This medicine deserves our closest attention, and we should not fail to make provings upon animals with it.—TRANSLATOR.]

Sal-ammoniac in Gangraena Senilis.—A woman, aged 85 years, was suddenly attacked with violent pain in the right foot; forty eight hours after it, the whole foot was of a dark blue color, and finely extented to the *tibio-tarsal* joint, where a red line showed the demarcation of the healthy and the diseased parts, the foot was entirely cold. Opium in its various preparations was given, and in large doses, but without relief. A foot-bath was then ordered, containing 250 grains of sal-ammoniac—the foot was put in the bath up to the ancle. After two hours the pain was greatly diminished; wet compresses of the same lotion were now applied, and under this local treatment the warmth and natural color of the foot gradually returned. The nail of the second toe dropped off and a small ulcer appeared, which healed nicely after three weeks. About a year subsequent the same symptoms were manifested, on the same foot, and sal-ammoniac was applied at once, with the same good result. A gangrenous looking blister appeared on the external edge of the foot, which, however, disappeared after three weeks. Since that, the patient had no return of this malady. The author urges upon the profession the trial of his treatment, in this disease, peculiar to very aged persons.

Correspondence.

CASES TREATED WITH THE HIGH POTENCIES.

NUBIBUS, Feb. 16, 1868.

DEAR OBSERVER: I have been located in this charming village for about six weeks, and owing to the wonderful efficacy of my treatment, my reputation I may say is made. I may confidently assert that owing to my own unaided and unbounded abilities, I feel I am the great expounder of the homœopathic

law in this vicinity—two other physicians of the school, both alternators and low potency men, having been obliged to leave on the second day after my arrival. They were miserable quacks and knew nothing. My own success has been astounding to myself and to every body else. Some of my cures have been so extraordinary and so wonderful that they must speak for themselves. They *lie* before your readers:

February 2.—A robust farmer of good exterior from the interior; squints slightly in the left eye—this is probably owing to a muscular contraction; tongue red; complained of severe pain in the *left* buttock; examined him *right* away; found a boil on the left side of the anus; this boil was red; pain as of boiling water in the boil; pulse small; pulsation great.

1 Nux vom. 5 *M. M. M. D.*

1 dose—1 glob—1 exhibition.

February 3.—Aggravation—boil enlarging. *Placebo.*

" 4.—His drawers rub it—*cistus cann.* 1 glob. of $\frac{5}{60000}$.

" 5.—Can't sit on the part affected. *Placebo.*

" 6.—Boil opened. *Placebo.*

" 7.—Pus formed. *Placebo.*

" 8.—Core in the boil. *Placebo.*

" 9.—Discharged. *Placebo.*

" 10.—Returned no more. CURED.

Case Two.—February 21st, 1 P. M.—Called to see a German girl; robust looking; flushed face; breath smells of garlic; had partaken largely of kraut and baked beans—neither of them done; complains of pains in the stomach; griping around the umbilicus; eructations tasting of kraut and beans; inclination to go to stool.

R—Ipecac—I pellet of the 200,000,000. 1 dose.

2 P. M.—Nausea. *Placebo.*

2½ P. M.—Vomiting. *Placebo.*

4 P. M.—Immense flatulence; smelling like rotten cheese.

6 P. M.—Discharged. *Placebo.*

6-10 P. M.—Disgusted. *Placebo.*

6.15.—Returned no more.—CURED.

Case Third.—March 11th.—*Prize fighter* by profession; cold in his head from standing uncovered at corners; been unwell

ever since he threw up a sponge; disposed to run at the nose and eyes; black circles around his eyes; epistaxis. This was a most difficult and prolonged case—his pugilistic propensities making him refractory to the action of the medicines.

R—Euphrasia. 5 M. D.: S.—T.—X.—1863.

March 12.—Blows his nose. *Placebo.*

" 13.—Knows his blows. *Placebo.*

" 14.—Blows his nose; feels relieved. Not so much discharge for at least five minutes after blowing. *Placebo.*

March 15.—Relieved by blowing. *Placebo.*

" 16.—Increased appetite before dinner; NUX VOM. $\frac{2}{100}$ (passed the empty vial beneath the left hand corner of the right nostril.)

March 17.—Loss of appetite immediately after partaking of a hearty dinner. *Placebo.*

March 18.—Feeling of weariness after walking twenty miles. *Placebo.*

March 19.—Impossible to lie awake at night on account of sleepiness. *Placebo.*

March 20.—Great distention of the rectum with fæces. *Placebo.*

March 21.—Discharged. *Placebo.*

" 22.—Disgusted. *Placebo.*

" 23.—Returned, no more. CURED.

We have lately received a letter from Dr. GRASMUCK, of Weston,—a communication from whom appears in this number. It is the first case that has come under our immediate supervision, in which Fistula in Ano, has been cured by homœopathic medication. After asking advice in regard to a most severe case of Psoas abcess, the Doctor writes:

"On the first of February, I received the commission as "Surgeon in charge" of our "County Infirmary," from the County Court, and I have taken charge and placed the institution under the flag of Homœopathy. It is a very good clinic for a young Surgeon, and I appreciate it highly, besides it is growing rapidly and will soon be important. There are several interesting cases at present.

"My commission is for one year, at the end of that time the

'old school' physicians will try hard to put me out. We will see if they succeed.

"It is quite healthy here this spring; some pneumonia, have fine success in treating it—lost none. I lost a case of hydrocephalous, and have another on hand, with which I trust I may be more successful. L. GRASMUCK."

The Western Homœopathic Observer.

ST. LOUIS, MARCH and APRIL, 1868.

ANNUAL COMMENCEMENT EXERCISES OF THE HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI.

March 3rd terminated another season's labor, and on the evening of the above date, the Annual Commencement Exercises of the Homœopathic Medical College of Missouri took place in the Hall of the Polytechnic Institute of this city. The students assembled in full force at an early hour in the amphitheatre of the new college building, and headed by the Members of the Faculty, Board of Trustees, &c., proceeded to the Hall, where a most brilliant and intelligent audience was gathered to do honor to the science of Homœopathy.

The exercises were opened with prayer by Rev. A. C. GEORGE.

Professor JOHN T. TEMPLE, Dean, then gave a brief sketch of the spread of Homœopathy in the West—St. Louis in particular, and a short history of the college, its early struggle, its suspension in common with other medical schools of this State, during the war, and its present flattering and encouraging status, showing an increase in the number of students, which bids fair, in point of numbers and advantages, to place it far in advance of the Allopathic schools of this city.

During the past year MARTIN MAYER, M. D., of Leavenworth, offered as an inducement to the thorough prosecution of the study of Chemistry, a silver medal, to that member of the graduating class, who should make during his final year at the college, the most progress in that science. Prof. N. D. TIRRELL here announced the successful candidate to be, THOS. SHAVER, of Peoria, Illinois, to whom the medal was presented with appropriate remarks.

The degrees of the college were now conferred upon the following gentlemen, by Dr. C. W. SPALDING, Chairman of Board of Trustees:

J. Hartshorne Miller, Peoria, Ills.
Henry N. Keener, Peoria, Ills.
Thos. Shaver, Peoria, Ills.
James A. Rubicon, Atchison, Kan.
F. L. Bartlett, Aurora, Ills.
J. A. Aikman, Ingersoll, C.
W. C. F. Hempstead, Verdin, Ills.
A. E. Riess, St. Louis, Mo.
M. Ayers, Springfield, Ills.
C. H. Baker, Monmouth, Ills.
J. P. Williard, Jacksonville, Ills.
E. W. Fish, Detroit, Michigan.

S. L. Moses, Charleston, S. C. F. W. Whitlock, Farmington, Iowa.
Wm. C. Richardson, Springfield, Ill. W. F. Bernard, Louisville, Ky.
J. H. Smizer, Cynthiana, Ky. S. Waterbury, Ackley, Iowa.
S. C. Baldwin, Lincoln, Ill. W. B. Waterbury, Ackley, Iowa.
R. Y. Manning, Georgetown, Ky.

AD. EUNDEM.

O. P. Bær, Richmond, Ind. O. E. Goodrich, Allegara, Mich.

Subsequent to which Prof. E. C. FRANKLIN conferred the Hospital diplomas, an honor peculiar to this institution.

The Valedictory Address to the graduating class was then delivered by Prof. WM. TOD HELMUTH, particular attention being called to the subject of premature burial, the consideration of which is agitating the best medical and legal minds of the present day.

After a few remarks by Dr. SPALDING the benediction was pronounced by M. SCHUYLER, D. D.

The exercises were enlivened throughout by suitable music from an excellent band.

Professors, graduates, and friends, now adjourned to the college where an elegant supper, allopathically prepared, and allopathically partaken of, was thoroughly discussed, "*ab ovo ad malum.*" The "wee sma' hours" came around before the college doors were closed only to be reopened to the class of next year, which from all known indications will greatly exceed that of the session just closed.

It was a subject of general remark, and we take great pride in confirming it, that rarely has a finer appearing, or more intelligent body of men graduated from any college, Homœopathic or Allopathic, and we trust that their future course will be one of honor to themselves, their instructors, and their *alma mater*.

A CORRECTION.

Not very long ago we received the following humorous invitation, written in the style of Dean Swift's Consultation of Doctors:

"SCIENS, SOCIALTE, SOBRIETE."

DOCTORES! Ducum nex mundi nitu Panes: triticum at ait. Expecto meta fumen tu te & eta beta pie. Super attento, uno. Dux, hamor clam pati, sum parates, homine, fces, jam, etc. Sideror Hoc.

"*Festo Resonan Floas Sols.*

NOV. EBOR. Sept 20th, 1867.

By some means one of these witty invitations fell into the hands of the Allopathic fraternity, who published the same in the *Medical and Surgical Reporter*, of Philadelphia, under the head of "A Classic Invitation," and gave the authorship to Prof. Martyn Paine, of New York. In discovering their mistake they make the following correction: "It seems, however, that it had a homœopathic origin, the invitation having emanated from a prominent homœopathic practitioner, of Albany, N. Y., Dr. H. M. Paine." Here again these wiseacres are at fault. We thank our friend Henry D. Paine, M. D., No. 16 West Fourteenth st., for our invitation, and believe that his great appreciation of the humorous led to the composition of the *billet doux* in question.

Dull (stupid)—Asc.-tub., cimicif., corn.-cir., gelsm., hel., iris., lach.-tinct., lept., phytol.

Depressed (low spirited)—Aes.-hip., aloes., asc.-tub., bapt.-tinct., cimicif., corn.-cir., dios.-vil., gelsm., iris., lept., pod.-pel., xan.

Disinclination for conversation—Gelsm., hel., murex.

Difficulty in fixing the mind on any subject—Asc.-tub., bapt.-tinct., corn.-cir., gelsm., hyd., iris, stict.-pul.

Death-like sensation—Euphorb.

Delirium (intoxication)—Asc.-tub., bapt.-tinct., cact.-grand., cimicif., gelsm., hyd., lach.-tinct., pod.-pel., sang.-can., xan.

Disposition to weep—Lith-carb.

Disposition (irresistible) to sigh—Apoc.-can.

Disposition (irresistible) to cry out—Cact.-grand.

Disinclination to perform any labor—Aes.-hip., aloes, cimicif, corn.-cir., dios.-vil., gelsm., murex.

Excessive moral sensibility—Nupr.

Fearfulness—Xan.

Fault finding—Hel.

Fear of death—Aloes, cact.-grand., euphorb., iris.

Gloomy—Bapt.-tinct., hel., hyd., iris, lept.

He believes his disease incurable—Cact.-grand.

Hopefulness—Sang.-can.

Impatient—Nupr.

Inactive—Hel.

Insensibility—Xan.

Indifference—Aloes, corn.-cir.

Indisposed to go out doors—Aloes.

Inclination to labor—Aloes.

Indisposition and want of power to think—Bap.-tinct., stict.-pul.

Imagines he is going to die—Pod.-pel.

Imagines he is going to be very sick.—Pod.-pel.

Imagines he will recover—Sang.-can.

Love of solitude—Cact.-grand., hel.

Loquacity—Lach.-tinct.
Laziness—Aloes. *(See disinclination to perform any labor.)*
Mental excitement—Bapt.-tinct., cimicif.
No desire to live unless relief comes—Euphorb.
Quiet—Asc.-sy., tell.
Quarrelsome—Aloes.
Restlessness—Aloes, lach.-tinct.
Reflective—Aloes.
Sad—Aes.-hip., cact.-grand., dios.-vil., gelsm., hyd., murex.
Timorousness—Aloes.
Unhappy—Bapt.-tinct.
Unwilling to speak a word—Cact.-grand., ham.
Weakness of memory—Asc.-tub, lith.-carb., murex.
Whining—Lach.-tinct.

SKIN.

Remedies acting on—Aes.-hip., aloes, apoc.-andr., apoc.-can., arum.-trip., asc.-sy., asc.-tub., bapt.-tinct., cact.-grand., caul., cimicif., cist.-can., corn-cir., dios-vil., erig.-can., eup.-perf., euphorb., gelsm., ham., hyd., iris, lach.-tinct., lept., lith.-carb., murex, nupr., phytol., pod.-pel., rumex, sang.-can., senec.-gracil., tell., trill-pen., verat.-vir., xan.

Skin, warm—Apoc.-can., arum.-trip., asc.-tub., caul., corn.-cir., erig.-can., gelsm., ham., iris, lept., pod.-pel., sang.-can., tell., xan.

Skin, cold—Aloes, apoc.-can., asc.-sy., cact.-grand., euphorb., lach.-tinct., iris, verat.-vir.

Skin, clammy—Corn.-cir., lach.-tinct., verat.-vir.

Skin, pale—Verat.-vir.

Skin, soft—Verat.-vir.

Skin, dry—Aes.-hip., aloes, apoc.-andr., apoc.-can., asc.-tub., bapt.-tinct., cact.-grand., cimicif., corn.-cir., euphorb., gelsm., hyd., iris, lach.-tinct., lept., pod.-pel., sang.-can., tell., verat.-vir.

Skin, yellow—Collin.-can., pod.-pel.

Skin, burning—Corn.-cir., erig.-can., gelsm., ham., iris, lach.-tinct., tell.

Remedies acting on skin of face—Aloes, apoc.-andr., asc.-tub., cimicif., cist.-can., gelsm., lach.-tinct., tell.

Remedies acting on skin of chest—Corn.-cir., iris, phytol., rumex.

Remedies acting on skin of abdomen—Aloes, tell.

Remedies acting on skin of back—Asc.-tub., cimicif, cist.-can., corn.-cir., dios.-vil., erig.-can., gelsm., ham., iris, lach.-tinct., lept., phytol., rumex, tell.

Remedies acting on skin of extremities—Aloes, asc.-tub., cact.-grand., cimicif., cist.-can., corn.-cir., dios.-vil., erig.-can., gelsm., lach.-tinct., lith.-carb., nupr., rumex, tell.

Cicatrix, drawing in—Phytol.

Tightness skin of forehead—Æs.-hip., bapt.-tinct., caul., lach.-tinct., verat.-vir.

Haemorrhage—Aloes, lach.-tinct., trill.-pen.

Skin feels sore—Xan.

Skin feels stiff—Æs.-hip.

Sensation of dryness in the skin, as if it would crack—Murex.

SLEEP.

Sleepiness—remedies causing—Æs.-hip., aloes, alet.-far-apoc.-can., asc.-sy., asc.-tub., caul., collin.-can., corn.-cir., gelsm., hyd., iris, lach.-tinct., lith.-carb., murex, phytol., pod., pel., rumex., tell., xan.

Sleeplessness—Apoc.-andr., apoc.-can., asc.-tub., cact.,-grand., caul., lach.-tinct., lith.-carb., sang.-can., senec.-gracil., tell.

Sound sleep—Aes.-hip., bapt.-tinct., caul., corn.-cir. gelsm., hyd., phytol., pod.-pel., tell., verat.-vir., xan.

Interrupted sleep—Cact.-grand-, caul., collin.-can., corn.-cir., hyd., lept., murex.

Unquiet sleep—Hyd., rumex., senec.-gracil.

Drowsiness during the day—Aes.-hip., asc.-tub., collin.-can., corn.cir., gelsm., iris., lach.-tinct., phytol., pod.-pel., rumex.

Restlessness—Apoc.-can., asc.-tub., bapt.-tinct., cimicif., cist.-can., gelsm., hyd., iris, lach.-tinct., lith.-carb., nupr., phytol., pod.-pel., rumex., senec.-gracil., tell, verat.-vir.

Restlessness after midnight—Bapt.-tinct., cimicif., lept.

Restlessness before midnight—Asc.-tub., cact.-grand., lach.-tinct., pod.-pel.

Constant yawning—Aes.-hip., phytol.

Falls asleep when sitting—Aes.-hip.

Startings during sleep—Iris.

Talks nonsense while asleep.—Cact.-grand.

Sleeps with the arms over the head.—Cimicif.

Sleeps with the neck free of covering—Ham.

Sleeps with the eyes half closed—Pod.

Sleeps lying on his stomach—Phytol.

Cannot lie on the left side—Eup.-perf.

Rises up in bed during sleep—Pod.

Moaning during sleep—Pod.

Whining at night, *(children)*—Pod.

Cannot keep the eyes open—Gelsm.

Is obliged to lie down and sleep—Gelsm.

Wakes frequently—Caul., hyd., lach.-tinct.

Wakes early—Aloes, hel., hyd., iris, rumex., sang.-can.

Wakes unrefreshed—Apoc.-can., cact. grand, cimicif., corn. cir., hyd., pod.-pel., rumex., xan.

Wakes feeling as if he had slept hard—Asc.-sy.

Wakes very much frightened—Iris, murex., sang.-can.

Wakes crying—Phytol.

Wakes with difficulty—Gelsm., hyd., lith.-carb., pod.-pel.

Dreams, in general—Aes.-hip., asc.-tub., bapt.-tinct., cimicif. cist.-can., corn.-cir., gelsm., hyd., iris., lach.-tinct., lith.-carb., phytol., rumex., sang.-can., tell., verat.-vir., xan.

Dreams, amorous—Hyd., iris., lith.-carb.

Dreams, anxious—Asc.-tub., cist.-can.

Dreams of business—Gelsm.

Dreams of burglary—Rumex.

Dreams of being pursued by wild beasts—Hyd.

Dreams of being drowned—Verat.-vir.

Dreams of being bound down with a chain across the mouth—Bapt. tinct.

Dreams, confused—Asc.-tub.

Dreams, cannot remember—Hyd.

Dreams of the dead—Iris.

Dreams of danger—Rumex.

Dreams of dissecting a body—Iris.

Dreams of disputation—Bapt.-tinct.

Dreams, frightful—Asc.tub., bapt..tinct., corn.-cir., hyd., iris., sang.-can., verat.-vir.

Dreams about fighting—Aes.-hip., bapt.-tinct., iris.

Dreams of fire—Iris.

Dreams of flying over the tops of houses—Xan.

Dreams, gloomy—Asc.-tub., phytol.

Dreams of laboring hard in the snow, suffering with heat from the exertion, and finally being smothered—Bapt.-tinct.

Dreams of monsters—Hyd.

Dreams, restless—Lith.-carb.

Dreams of snakes—Iris.

Dreams of smoking cigars—Tell.

Dreams of sailing on the sea—Sang.-can.

Dreams, sleep full of—Hyd., rumex.

Dreams of spinning—Lach.-tinct.

Dreams of suffocation—Bapt.-tinct., iris., verat.-vir.

Dreams, troublesome—Hyd., murex, xan.

Dreams of trouble—Rumex.

Dreams of traveling—Hyd.

Dreams of theft—Rumex.

Dreams unpleasant—Asc.-tub., bapt.-tinct., cimicif., gelsm., iris, rumex., sang.-can., tell.

Dreams of water—Sang.-can., verat.-vir.

FEVER.

Chilliness—remedies occasioning—Aes.-hip., aloes, apoc.-andr., asc.-tub., bapt.-tinct., cact.-grand., cimicif., cist.-can., corn.-cir., eup.-perf., gelsm., hyd., iris, lept., lith.-carb., pod.-pel., rumex., sang-can., tell., verat.-vir., xan.

Heat—Aes.-hip., aloes, apoc.-andr., apoc.-can., arum.-trip.,

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Surgery.

The Progress of an Elephantiasis Anaestheticum Arrested in the Hand by the Ligature of the Radial and Cubital Arteries.

BY A. DUPAQUIER, M. D., NEW ORLEANS, LA.

Leprosy is one of the oldest diseases recorded in the annals of Medicine. *Plinius*, the old, recommended Veratrum Album against Elephantiasis, and after him, Rufus also extolled the same remedy for Vitiligo and white Lepra. (1) The success of the Ancients in the cure of this affection was not more brilliant than ours. This disease seems to be incurable, in spite of all the medicines employed from the highest antiquity to the present time.

Whitc Hellebore, Viper Venom, Arsenic, (the great hero), Hydrocotile Asiatica, Guano, Rattlesnake Poison, etc., etc., all have failed.

There exists such a confusion amongst authors that it is almost impossible to convey to the mind of the reader what should be defined and described as Lepra. Nevertheless, Jahr,

(1) Vide Samuel Hahnemann Dissertatio historico-medica de Helleborismoveterum Lipsiæ, 1812.

in his toilsome work, "The Diseases of the Skin and their Homœopathic Treatment," has condensed these divergent opinions into a clear *resumè* of all the cutaneous diseases known and dealt with, under the name of Lepra.

There are two classes: Leproids and Lepra.

A. Leproids are those cutaneous diseases of the different countries resembling Lepra, such as Vitiligo, Spedalskhed, Radzyge Pellagra, etc.

B. Lepra is a constitutional disease affecting the skin, the mucous membrane, the bones, etc., and in its course producing functional disturbances; but the most prominent and incipient disorder is that of the nutrition of the skin: circular, herpes-like, yellow, scaly spots, will appear on the limbs, sometimes on the body, accompanied with numbness. After more or less duration, desquamation will take place, and the same process over again. This is the most common form of Leprosy, and is called the Squamous; it offers three principal varieties, the mild, the white, (*baras alba*) and the black, (*baras nigra.*) Another form, much more serious, is the Tuberculous: in which rosy or violet-red tubercles will gather, generally on the face; the surrounding parts become hypertrophied, indurated, turning a dark red, *numb*, and without itching; it is the Elephantiasis Græcorum. In this form I have seen the face horribly disfigured, enlarged, knotty, monstruous; the mucous membranes discolored, covered with yellow, indurated patches; the voice extinct; the ocular conjuntiva thickened and yellow, and the mind and faculties of the patient greatly depressed. Another form of Elephantiasis is the Anæstheticum, characterized by complete anæsthesia, "pemphigoid" eruption and necrosis of the bones; all painless. This kind shall be illustrated fairly by the case treated of in this paper. There is finally a third kind of this affection; it is the Elephantiasis Arabum. It differs essentially from the others, because it is limited to a portion of the body, face, leg, or genital parts of both sexes, and because it never involves but the skin and its connective tissues. It is owing to its resemblance to the leg of an elephant, when the affected limb is blackened and horribly enlarged, that this disease bears the name of Elephantiasis.

The following synopsis, although arbitrary, may help to embrace at a glance all the varieties of Leprosy:

A. Leproids. Squamous or mild,		Vulgaris, Alba, Nigra.
B. Lepra. Tuberculous or Elephantiasis,		Græcorum, Anæstheticum, Arabum.

The above description of the Squamous Lepra and that of the Elephantiasis Græcorum and Anæstheticum, I give strictly from my own observations, having had to observe an aggregate number of 10 cases of Lepra. Out of these 10 cases, 5 were white, 4 males and 1 female; the other 5 were colored people, 1 male and 4 females; 1 case only was Squamous, 7 were confirmed Elephantiasis Græcorum, and 5 Elephantiasis Anæstheticum. I had no occasion to observe the Elephantiasis Arabum. All were adults, except the Squamous case, a young man whose brother was affected with the worst form of Elephantiasis Græcorum. The comparison of these two cases afforded me a great deal of information about the development and the different stages of this malady, for the elder brother, fifteen years ago, had been similarly affected.

I must remark that Lepra is generally a very tedious disease, and sometimes not entirely incompatible with life, except when some important organ becomes involved in its havoc. I believe it to be essentially hereditary; and as to its cure, although I have no data, I firmly believe it to become curable when taken in *its origin, and when a proper Hygienic and Homœopathic treatment can be sufficiently continued.* So much may be said of many other reputed incurable diseases: the patient submits to treatment when the ravages are such that life is endangered, or cure is expected in days when years are necessary, for a disease that has been born and raised with us, or that is of old standing and so deeply rooted that the curative energy of the organism must be continually sustained by adequate treatment, otherwise it is overwhelmed by the enemy. I will now give the details of the case:

The Negress, Fanny, aet. 54 years, is of short stature and cachectic; she had two children, one is still alive and healthy—

thus far—the other died of Pleurisy. Her parents were never affected with any disease similar to hers. She has never been sick previous to the appearance of her present sufferings. Three years ago her menstruation stopped, and she was affected with a slight uterine disease, of which she was cured. Seven years ago, after a sudden change in the temperature of her arms, (she having dipped them in very cold water, after washing all day in hot water,) her hands became entirely numb, although the touch of cold water was yet perceptible and disagreeable. She attributes her disease to this accident. She may be correct.

Since that time there was complete Anæsthesia of her extremities, hands and feet. At various times, while cooking, she burnt her fingers to the bone; the first thing that advised her of it would be the obnoxious smell of burnt organic matter. Her Anæsthesia offered the character common to this sort of disease: the sense of touch is not extinct; apprehension of foreign bodies cause an impression of contact, but not that of pain. *"Analgesia"* should be preferred to "Anæsthesia," to designate properly that condition of perverted sensation.

Occasionally her fingers or her toes became affected in the following manner: the parts swelled very slowly in a sort of glittering, round œdema, much like a Chilblain; a pemphigus phlyctaena would rise, break, and then a portion of bone, generally the whole phalanx, would protrude, and, after a long time, fall off; the sore then closed, leaving a shrunken stump; the whole process painless. Next came the turn of another portion of her extremities.

Things went on in this manner until her hands and feet became entirely out of shape, and her fingers retracted, (except the Medius of the left hand, which, in its forced extension, with her nails tuberous, resembling the talon of a bird of prey, made her worthy of any one's compassion.) Being the family Physician of her former master, in whose house she was, and is still, kept and nursed carefully, I was apprised of her condition and desired to see the case; she then became my patient. This time, however, it was not a finger or a toe, the whole left hand was involved, from the wrist down, and all covered with pemphigus containing a blueish, decomposed fluid, and the whole hand excessively engorged. It broke out in several places: on the

end of the index finger, on the palmar face, and on the back of the hand, near the metacarpo-phalangial articulation of the fourth metacarpal bone; an arterial hemorrhage declared and renewed itself several times in the latter spot, which exhausted her. I determined to do something for the poor creature. In view of arresting the disease in the hand, or merely to lessen its injuries, I thought of ligating the two main arteries of the limb; the occurrence of the hemorrhage made the operation peremptory.

On the 9th of March, assisted by Doctors E. A. Murphy and A. D. Hemicourt, (thinking that an amputation in the articulation of the wrist would be forced upon me by the consecutive disorders,) I tried to save her hand for the present by ligating the radial and the cubital arteries. She was placed under the influence of chloroform by a method I consider the safest and the most economical. This mode of inhalation, although well known, is not used often enough. It consists in placing a handkerchief or a fine muslin over the face, and in instilling the chloroform over the region of the mouth and the nose. The air, during the act of inspiration, permeates the cloth, and carries with it the vapors of the Anæsthetic. With a few grains of chloroform, in the course of 3 to 5 minutes, sometimes less, Anæsthesia is complete. I proceeded to ligate the arteries, the radial first, then the cubital. The only things remarkable were the radial nerve, satellite of the artery, being closer to the vessel than I had usually seen, and the skin being *so tough* that I could not use the "Serre-fines" to unite the incisions, therefore I had to sew them. Immediately after the operation was completed, the temperature of the hand fell considerably, and it became livid. I had it heated by warm applications until it recovered its normal temperature. The circulation was gradually re-established through the collaterals, the posterior interosseous becoming the main channel for the circulation of the hand. The ligature of the cubital artery fell off on the 8th day, and that of the radial on the 12th. The condition of the hand improved rapidly; inflammation disappeared, and sloughing was checked. The radial pulse can now be felt by the styloid process of the radius below the ligature, but not above; all the collateral digitorum beat well also.

The index finger alone, which had been affected since the begin-

ning, had the bone of the second phalanx protruding, and would not heal. I determined to amputate the diseased part, and performed the operation on the 1st of March. I cut a good flap from the surface toward the bone, made a circular one to join it, then retracted and sawed off the head of the 1st phalanx. The flap brought over the bone was kept in apposition by 3 stitches; it healed in a week. Her hand is now restored to the same amount of use and motion as ever it enjoyed within the few past years, and undoubtedly the best looking finger she has is the nicely rounding stump of the index.

The bone that I have removed is denuded of its periosteum, and, apparently, looks very healthy; however, I desire to investigate the matter under the microscope as soon as my time will permit. It struck my attention also, that the connective tissue of the finger and the skin were hypertrophied, granulated and hardened.

PHYTOLACCA IN ULCERS OF THE FEET.

BY E. M. HALE, M. D.

A middle aged woman, in general good health, apparently, applied to me to be treated for obstinate ulcers, located on the inner sides and bottoms of both feet. On examination, they appeared as if *punched out,* round in shape, with sharp edges, smooth sides, a lardacious bottom, and about 1-16 of an inch to 1-18 of an inch in depth. There were five on one foot and seven on the other. The feet were somewhat swollen, and the ankles œdematous. The pain was a burning, aching, with soreness on pressure. Walking or using a sewing machine aggravated the pain to a great degree. Dark, knotted veins, traversed the sides of the feet in the neighborhood of the ulcers. The first appearance of the ulcers dated back nearly a year. From the history of the case, which I gleaned from her, I suspected a syphilitic origin. She had had treatment from many regular and irregular physicians. Had taken large quantities of Iodide of Potash, Mercury, Stillingia, etc. Had been cauterized with Nitrate of Silver, but no benefit had resulted. I first thought of

giving Nitric acid, but finally concluded to make the following prescription:

Phytolacca 2d dec. dil. 10 drops 3 times daily.

Phytolacca cerate., applied constantly to the ulcers.

Immediate improvement set in, and I was surprised to find, in less than three weeks, a complete filling up of the ulcers. I saw her six weeks afterward, and she informed me that they remained healed, but some swelling of the feet and ankles occurred every evening.

I think the rapid cure with the Phytolacca quite worthy of record. I will add that I find this remedy, internally and externally, the best remedy I have ever used in the suppurative stage of carbuncle, furunculi, or malignant pustule.

AMPUTATION AT THE MIDDLE THIRD OF THE THIGH. ACUPRESSURE TO ARREST HEMORRHAGE.

Surgical Clinic at the Good Samaritan Hospital, January 8th, 1868.

BY WM. TOD HELMUTH, M. D.

GENTLEMEN: I present to your consideration to-day the case of disease of the knee joint, which has already been before the class, and upon which some remarks have already been made.* The erysipelas which affected the limb was promptly cured by the remedial means which were resorted to, and I present her to you to-day in a condition which I trust will justify the severe operation about to be performed upon her. My belief is, that so soon as her system is freed from the diseased encumbrance, that she will steadily improve, while to allow it to remain longer as a source of irritation to her constitution, would certainly, in a short period, produce death. The operation which will be performed is that one known as the "flap amputation," and I intend to arrest the hemorrhage by what is termed acupressure.

Before proceeding immediately with the operation, I shall make a few observations upon the means for arresting hemorrhage, which have been known and practiced from time to time.

*Vide March and April Numbers of Observer.

In the majority of operations in surgery, it is the "bleeding" that is most dreaded. The fact that in a few moments the life of a human being may pass away with the crimson tide which bursts from the opened vessels, has been, up to the present time, the source of the greatest apprehension. I hold now in my hand a treatise on operative surgery, written a century and a half ago by Samuel Sharp, one of the most celebrated surgeons of his time, a pupil of the renowned Chesselden, and surgeon to Guy's Hospital; on page 221 he has the following paragraph, which I will read to you: "There are in armies a great many instances of gun-shot wounds of the arm, near the scapula, which require amputation at the shoulder, but the apprehension *of losing* the patients on *the spot by hemorrhage* has *deterred* surgeons from undertaking it. I have *heard* of its being done more than once." *Fabricus ab Aquapendente* seems still to have had such a horror of hemorrhage that he recommended all incisions for amputation to be made in mortified, and therefore bloodless, structures. O'Halleran, in speaking of amputation of the leg, speaks of the bleeding as the most troublesome and alarming symptom, and the most reproachful to the surgeon; hemorrhage alone often proving fatal to the patient."

Prof. Thomson, the preceptor of the distinguished Simpson, to whom I shall allude hereafter, thus speaks: "The suppression of hemorrhage and the reunion of divided surfaces, are, in every wound and in every operation, the first and the ultimate objects of the surgeon's attention." But I need not multiply quotations, for the fact is acknowledged at the present day as fully as in those of old, although, by the newer methods, bleeding may be divested of some of its difficulties, it is most certainly the great object to be considered in the performance of an operation of any magnitude, where the larger vessels are divided. The older surgeons, as you are aware, applied the actual cautery, or the red-hot iron, to the bleeding orifices, and I here present to your notice, with great pleasure, a copy—a rare and old one—of the Armamentarium Chirurgicum of Scultetus, published in Frankfort, in 1666, over two hundred years ago. In one of his curious plates, which, by the way, are remarkably well executed, the method by which the cautery was applied, and the shape of the instrument, can be seen; indeed, you may

observe the method of amputation as performed by this celebrated surgeon. A large chisel and a huge mallet being, as you see, the delicate weapons brought into requisition. The severity of this mode of arresting hemorrhage, combined with its very unsatisfactory results—secondary bleeding often following the separation of the eschar—led to its disuse, and the Tourniquet and ligature gradually became more trusted, although the latter (the ligature,) was not for some time brought into general use. Once more you will pardon me if I read to you from another old author; the work is styled "Micro-techne, or a Methodical Introduction to the art of Chirurgery," published in London a hundred and fifty years since, written in Latin by Johannes Van Horne, Professor of Anatomy and Chirurgery in the University of Leyden, and translated by Henry Banger, surgeon. I read to you from page 141: The amputation being performed, if a great hemorrhage should succeed, the Turn-stick may be so straightened that not above three or four ounces need be lost. *Some make use of the actual cautery,* to procure an eschar upon the vessels, but there is reason to fear a new flow of blood may ensue upon the separation of it; and before the surgeon can be called to stop it, the patient may be dead. Parey advises a deligation of the vessels by taking them up with a volsella, but Gourmelinus justly condemns this method."

Gradually, however, the ligature came into vogue, and was used almost exclusively to arrest hemorrhage after surgical operations, where the larger vessels were exposed. But one of the greatest men of our time, to whom we owe the inestimable benefits procured to us by Chloroform, introduced a method of arresting surgical hemorrhage of the most dangerous character, that took the world by surprise. Distinguished surgeons laughed at him. The old fogies declared his method impracticable; while hundreds of others raised objections, some apparently of a grave order, though most of them of the most ephemeral and unscientific nature. I refer to Prof. J. Y. Simpson, of Edinburgh. The method of staunching blood after surgical operations he styled Acupressure, and was first described to the Royal Society of Edinburgh on the 19th of December, 1859. It consists of pinning up, or, rather, as he styles it, bridging over, the mouth of a vessel with a needle or a pin. As I have before

stated to you, and as you have already seen after operations, that the cut extremity of the artery is tied with a silken thread, one end thereof being cut off, the other being brought out at the lower end of the wound. This certainly arrests the bleeding, and many are the thousands of operations that have been successfully performed, in which this method has been employed. You must bear in mind, however, the process that takes place in the tissues when they are strangulated. I refer to any of the structures of the body; strangulate a part, it dies and is cast off by a law of nature. Therefore, in every wound where several ligatures are applied, there will be, sooner or later, particles of decomposing flesh. Why, also, I would ask, do surgeons, after having applied a ligature, cut off one end of the thread, or silk? For this simple reason: to take as much possible foreign matter out of the wound. When the Old School doctors desire a suppurating surface, they pass through the integument and tissues beneath, a silken thread, and the desire is soon accomplished. Nature endeavors to rid herself of the extraneous matter, and suppuration is at once established. So it is with the parts of the ligature allowed to remain in the wound. Again, when we take an artery and apply to it a ligature, draw the same tightly around it, and then remove the thread and examine the vessel—an experiment I have frequently performed when lecturing upon the anatomical construction of the coats of these tubes—we find that the internal and middle tunics are lacerated, torn, or entirely divided, thus also producing more or less irritation and pain. This also most certainly takes place when the ligature is applied to a vessel. In the majority of operations, a nerve of some magnitude accompanies the artery, and the excessive pain occasioned by delegating the nerve, and the very bad consequences which ofttimes ensue when such is the case, require that the artery be isolated from the surrounding structures. This takes time, is sometimes difficult, and may often perplex the surgeon. When an artery is "bridged over" with the pin, such is not the case. The following table, which I will read to you from Prof. Simpson's work on the subject, will, however, be of service to you, as showing wherein he considers the superiority of acupressure over delegation to consist. I desire that you carefully note the differences and, if possible, record them in your note books for future reference:

COMPARISON BETWEEN THE LIGATURE AND ACUPRESSURE.

LIGATURE.	ACUPRESSURE.
1. Requires isolation, and consequently some detachment of the end of the vessel from its vital organic connections.	1. Requires none.
2. Produces direct mechanical injury, bruising and lacerating of the two internal coats of the artery.	2. Produces none.
3. Produces strangulation of the external coat.	3. Produces none.
4. Leads on inevitably to ulceration or molecular destruction of the external coat of the constricted part.	4. Produces none.
5. Causes mortification of the artery at the tied point, and usually below it.	5. Produces none.
6. Produces, consequently, as many sites of ulceration and suppuration, and as many dead, decomposing sloughs in each wound as there are arteries ligatured in that wound.	6. Produces none.
7. If organic, as of silk, or hemp, it imbibes animal fluids, which speedily decompose and irritate the surrounding living structures.	7. Requires only impervious metallic needles or threads, which are incapable of imbibing animal fluids.
8. Requires to produce the three highest stages of inflammation at each ligatured point, viz: ulceration, suppuration and mortification.	8. Requires to produce inflammation up to the stage of adhesion only.
9. Is not removable, except by slow ulceration and sloughing of the ligatured vessel, and requires a period of from four or five to twenty days or more for its separation.	9. Is removable in an hour or two, or in one, two or three days, at the will of the operator.

10. Stops only the artery tied.	10. Stops generally both artery and vein.
11. Stops only one artery.	11. May close two or more smaller arteries by means of a single needle.
12. Generally requires two persons for its application.	12. Requires only one person.
13. Is sometimes followed by secondary hemorrhage, as an effect of sloughing and ulceration.	13. Is seldom followed by secondary hemorrhage from ulceration or from sloughing, as it produces none.
14. Sometimes fails altogether in cases of recurring secondary hemorrhage.	14. Has succeeded under such circumstances where the ligature has failed.
15. Sometimes cannot be applied until the surgeon first exposes the bleeding vessel by dissection with the knife, as in vessels retracted in amputations, in wounds of the wrist, etc.	15. Does not necessarily require the exposure of the vessel, and therefore often prevents the necessity for antecedent dissection by the knife.
16. Prevents, as a foreign body, adhesion of the sides and lips of the wound by first intention, in the course of its track, as long as it remained.	16. Is early withdrawn, and is hence far less opposed to primary union.
17. Is apt, as an irritant body, to disturb and upset the process of primary adhesion in its vicinity.	17. Is early withdrawn and has no irritant effect.
18. Unavoidably creates within the depths of the wound pus, sloughs, and putrid materials, which are locked up and applied to the imbibing or absorbing cut surfaces of the wound.	18, Does not create nor apply any dangerous putrifying materials to the fresh, absorbing surface of the wound.
19. Places the wound, therefore, in a very dangerous local hygienic conditions.	19. Places the wound locally in far healthier hygienic conditions.
20. Is not unfrequently followed by surgical fever, from its leading to the formation and absorption of septic matters from the surface of the wound.	20. Is much less likely to be followed by surgical fever, because it does not lead to the formation of septic matter, and closes the veins as well as the arteries.

21. For these various reasons it makes primary union rarer, healing slower, and heptic, or surgical fever, more frequent.	21. For these reasons it makes complete primary union more frequent, healing quicker, and heptic, or surgical fever, less common.

With these remarks I will proceed to show you the different kinds of pins used for acupressure. They may be divided into three varieties: 1st, a steel pin, about 4 or 5 inches in length, which has been electro gold-plated, with a glass head; these are generally used for the larger vessels. 2d, an ordinary sewing needle, threaded with iron or silver wire, or with silk. 3d, a simple loop of iron wire, four or five inches in length. Mr. Simpson gives three methods of application as follows: The first consists in passing the long pin through the integument, bringing its point out beside the mouth of the bleeding vessel, passing it (the pin,) over the open orifice, and entering its point on the other side. He aptly illustrates this method by comparing it to the method of pinning the stalk of a flower upon the lapelle of our coat. The only portion of the pin which is exposed within the wound is that part which bridges over the mouth of the artery. In the second method, the common sewing needle, threaded with a short piece of iron wire, for the purpose of afterward retracting and removing it, is dipped down into the soft textures, a little to the side of the vessel, then raised up and bridged over the artery, and then, being dipped down again, is thrust into the soft tissues. In the third method, the needle is passed below the artery, and a noose of wire is thrown over its point, and then, after being carried across the mouth or side of the vessel, is passed round the eye-end of the needle and pulled sufficiently tight to close the vessel.

I shall now proceed to the performance of the operation, and having selected a point midway in the thigh, I pass a long, double-edged knife above and close to the bone, and bring it out to form a sufficient flap. The inferior flap is formed in like manner. The two-tailed retractor is now placed upon the flaps, and the saw applied to the bone.

(*Note.*) The hemorrhage was promptly arrested by the pins, which were removed on the morning of the third day, and though the tissues were somewhat infiltrated, the patient made

a good recovery, grew fat from the time the operation was performed, and has left the hospital. Upon a dissection of the leg, the condyles of the femur and the upper part of the tibia, were found very much affected, the cartilages and ligaments much degenerated, and in part entirely destroyed.

Correspondence.

NEW ORLEANS, LA., March 24, 1868.

DR. HELMUTH:

DEAR SIR: While reading the Southern Journal of Medical Sciences, of the month of May, 1867, Vol. 11, No. V., my attention was called to an article entitled "Fractures of the Patella, treated by a ring, with cases;" by Paul F. Eve, M. D. Dr. Eve is congratulating the profession in behalf of humanity, for "another benefaction," suggested by Dr. W. A. Gibson, of St. Louis, Mo. The fracture of the knee-pan has, perhaps, offered, in comparison, more methods of treatment than any other fracture of the small bones; all have failed; nothing but ligamentous union being the result. Bony union could not be obtained, from the fact that the numerous apparatuses recommended could not keep the fragments in sufficient apposition. The ideas of Messrs. Boyer, Baudens, Fontan, and even the hooks of Mr. Malgagne, did not fulfill their expectations. But now medical men have, thanks to a *new discovery*, (?) one of the best modes known to unite and have good substantial bony union in fractures of the patella. I say now, because I am sure (Dr. Eve's article is my authority,) that nine-tenths of the old school ignored this "ring" treatment. Dr. Eve, in his article, remarks: "During the time this case was under treatment, I invited Drs. E. H. Gregory, J. J. McDowell, E. A. Clark, E. S. Frazier, and other physicians, to examine the appliance, and they all expressed the opinion that it was *just the thing* for a fractured patella." The following lines from Dr. Eve's article authorize me to say that the majority of physicians were ignorant whether this be a new appliance or not. He says: "I report this case for the information of the profession, feeling confident, from its perfect success,

that the ring has never been used before, or we certainly would have been familiar with its use." Now, who is to be thanked? Dr. Gibson for a *new* discovery, or Dr. Eve for bringing Dr. Gibson's ideas before the medical world? or, are they both to be thanked? To have laid before the profession the advantages offered by the ring, deserves thanks, but to claim a "new discovery," they can receive but our "smiles," as it is not a new idea. It is astonishing that some of the medical men of the different Medical and Surgical Journals have not corrected them; for it certainly is not pardonable that I, who belong to that *so called* ignorant class of physicians, known by the name of "Homœopaths,"—to that sect of *know-nothings* in surgery, am compelled to make myself conspicuous by correcting the mistake.

I will certainly not be able to convince our opposers, those who belong to that "know-everything" class of the Allopaths, that their colleague, Dr. Gibson, is not the originator of the "Iron Ring." Still, I certainly think that Dr. Gibson conscientiously believes that he is. He is not! Neither is it a thing of "to-day." The iron ring has fallen out of use for reasons unknown, unless it be that each and every celebrity, wishing to be the inventor of everything good and useful in surgery, has taught his pupils the pretended disadvantages of the ring. For my part, I have never had a case of the above-named fracture to attend to, but should I have one, I certainly will resort to the ring of *Purmann.*

If the Allopaths will only refer to their surgical works, such as "Purrmann Chir. Lorbeirkrandz, Halberstadt, 1865, P. III, Cap. 21," they will find that I am correct when I say that the ring was one of the first apparatuses used. Will this convince them? So much for being a Homœopath.

I hope, Mr. Editor, that you will give these few hasty lines a place in your valuable journal, and be kind enough to excuse me for trespassing on your time.

I remain, very respectfully, your most ob't serv't,

ED. A. MURPHY, M. D.

Book Notices.

"JAHR'S VENEREAL DISEASES. Translated by C. J. Hemple, M. D.

We have received the above named book, and opened its covers in hopes of having at last procured a good Homœopathic treatise on the venereal disease. But we have been disappointed, not only as to its arrangement, but in regard to the ideas it conveys, and the treatment it prescribes. Its first division treats of the primary forms of the venereal diseases, and after mentioning the confusion of terms, which of old used to confound the Syphilographs, Dr. Jahr proceeds to "Precise Definitions," and thus speaks: "We shall distinguish, for the purpose of proceeding in a more systematic manner: A, *syphilitic* venereal, or simply *syphilitic* phenomena, that is to say, those that can be traced to chancre; B, *sycosic* venereal, or simply sycosic, that is to say, all the phenomena which belong to the domain of condylomata; and C, simply venereal phenomena, or all such as do not seem to refer to the above mentioned categories." Now, if this is not a most confusing mass of definitions, and more likely to mislead the young practioner, we are greatly mistaken.

Again, in the arrangement of subjects, this work appears defective. For instance, the second chapter treats of the different forms of Gonorrhœa: 1st, of Gonorrhœa generally; idea of Gonorrhœa; simple and syphilitic Gonorrhœa; symptoms; accessory symptoms accompanying Gonorrhœa; metastasis; orchitis; inflammation of the prostate; Gonorrhœal ophthalmia; articular rheumatism; affections of the mucous membrane; sequelæ of Gonorrhœa; Lues venerea (?); relation of the Gonorrhœal to the syphilitic virus; diagnosis; the contagiousness of Gonorrhœa; prognosis, and finally, the treatment. In other words, the student and practioner must wade through all these subjects, theoretical or practical, the sequelæ, and the author's ideas of the virus, &c., before he comes to the treatment, which is also divided into as many separate sections. We read of one disease in one part of the work, then have our attention diverted to

very many other subjects, and finally, are brought back to the treatment. We read of *orchitis* before we have learned the medicines for Gonorrhœa. How much better would it be, in the arrangement of the book, to study the history, diagnosis, prognosis and treatment of *one* disease before we are introduced to the description of another.

The third chapter proposes to treat of the "various forms of chancre," and we are sorry to say that, according to our own observations, the information it imparts is in no way up to the times. Speaking of chancres generally, the text reads: "and although several chancres are known at the present time, which differ more or less by their anatomical relations, yet all these different forms have so many pathological properties in common that it seems logical to regard them *as different varieties of one* and the SAME species. Here comes in the old doctrine of the *unity* of the syphilitic virus; a doctrine which has been exploded since the time of Bassereau, and which savors much of the old Hunterian theory. Ricord, Maunder, Fournier, Vidal, and the greatest syphilographs of the times acknowledge the *duality* of the virus, and the success of the treatment based upon such pathological knowledge, proves beyond cavil, the truth of this doctrine. How is it, then, that after this understanding of the matter, we can read such classifications of chancre as follow in Jahr's book without a feeling of bitter disappointment. He thus classifies: 1st, regular, simple, Hunterian chancre; 2d, the soft or raised chancre; 3d, the phagedenic or serpiginous chancre; and 4th, syphilitic erosious. This is certainly a most curious arrangement. If a simple chancre is the same as a Hunterian sore, if a soft chancre is different from a simple one, if a phagedenic chancre is a distinct species and not a complication of the non-infecting sore, and if syphilitic erosious are *chancres*, then all we have studied and read on the subject in the last ten years, has been entirely wrong, our pathological knowledge of the disease at fault, and the treatment woefully misapplied. A simple, soft chancre (chancroid) is a non-infecting sore to the constitution, and is the one most likely to assume the phagedenic complication. A hard chancre is a true chancre—the Hunterian of old—and is the true syphilitic ulcer. The treatment, also, of many of the disorders, is much at fault. The best part

of the book is that in which Dr. Hemple has given us his experience, and we have no doubt that his translation is as faithful and accurate as it can be made, and while we thank him for his arduous labors in the cause of Homœopathy, as energetic now as in years gone by, we can only wish that he had selected for us a work that was more up to the times than the one of which we write.

Publications of the Massachusetts Homœopathic Medical Society for 1866-67.

We have received this publication, which is most beautifully gotten up, and contains some excellent articles. Besides the lists of publications and officers, reports, addresses, &c., there is an interesting paper on "Hypodermic injections, followed by temporary insanity," by Dr. F. H. Krebs, of Boston, and a proving of Artemisia Abrotanum, by Dr. Cushing, of Lynn. The manner in which the publications of this Society are gotten up is most creditable, as well as the contents, which are well worth perusing and preserving.

AMPUTATION AT THE HIP JOINT.

We have received from the Surgeon-General's office at Washington, several of the most interesting circulars, among them circular No. 7, or a report on amputation at the hip joint. The work is compiled with great accuracy, and magnificently illustrated by colored lithographic plates of value and costliness. These books, not being within the reach of all, and containing so much valuable information, must be looked upon as valuable acquisitions to the library. In the circular No. 7, the historical account of amputation at the hip is so interesting and valuable for future reference, and has been compiled with such care and from so many sources, that we propose to give it to our readers, from time to time, in the OBSERVER. We trust it will prove as acceptable and readable to them as it did to us.

The Western Homœopathic Observer.

ST. LOUIS, MAY, 1868.

THE WESTERN INSTITUTE OF HOMŒOPATHY.

The sixth annual meeting of this body will be held at Milwaukee on the 21st day of May, and we trust that the physicians of the Great West will make a strong effort to be present on the occasion. The following committees are expected to report:

Surgical Cases.—G. D. BEEBE, M. D. *Conduct of the Physician during labor.*—M. H. WATERS, M. D. *Uses and abuses of pessaries.*—J. L. BOYD, M. D. *Nephritis.*—T. C. DUNCAN, M. D. *Malaria.*—G. W. BOWEN, M. D. *Prolapsus uteri.*—G. W. PERRINE, M. D. *Medication by inhalation.*—H. B. VAN NORMAN, M. D. *Fistula in ano.*—N. SCHNEIDER, M. D. *Pharmaceutical preparations.*—G. A. BARNES, M. D. *Ophthalmia.*—T. P. WILSON, M. D. *Surgical Anatomy.*—W. T. HELMUTH, M. D. *Materia Medica.*—E. M. HALE, M. D. *Trichiniæ Spiralis.*—G. W. CHITTENDEN, M. D. *Homœopathy.*—G. H. STOCKHAM, M. D.

The orator for the occasion is E. M. HALE, M. D., of Chicago; the alternate, T G. COMSTOCK, M. D., of St. Louis.

The prizes offered are, $100 for the best essay on Nasal Catarrh, by Dr. EGGERT, of Indianapolis.

By Dr. R. LUDLAM, of Chicago, $100 for the best essay on the pathology and treatment of Dysmenorrhœa.

By Dr. E. C. FRANKLIN, of St. Louis, $100 for the best essay on Diseases of the Bones and their Homœopathic Treatment.

By WM. TOD HELMUTH, of St. Louis, $100 for the best essay on the History and Homœopathic Treatment of Syphilis.

We are very sorry that, thus far, (and the time has passed,) no theses or essays havo been handed to the Committees. We hope that yet an effort may be made to compete for the prizes for the next session.

AMERICAN INSTITUTE OF HOMŒOPATHY.

THE TWENTY-FIRST ANNUAL SESSION will be held in ST. LOUIS during the first week in June, 1868.

The *preliminary meeting* will be held on Tuesday evening, June 2d, at 8 o'clock, for the formation and renewal of fraternal relations, and for the purpose of transacting such necessary business as will expedite the organization of this session of the Institute.

The regular session will commence on Wednesday, June 3d, at ten o'clock, and will continue three days.

On Wednesday evening the Address will be delivered by Henry B. Clarke, M. D., of New Bedford, Mass. *Alternate,* William H. Watson, M. D., of Utica, N. Y.

Reports will be made by the following Bureaus:

Materia Medica, Pharmacy and Provings; Drs. Conrad Wesselhoeft, Harrison Square, Mass.; Walter Williamson, Philadelphia; Wm. E. Payne, Bath, Me.; E. M. Hale, Chicago, Ill.; Samuel B. Barlow, New York.

Clinical Medicine and Zymoses;—Drs. Henry D. Paine, New York; S. M. Cate, Salem, Mass.; D. H. Beckwith, Cleveland, O.; P. P. Wells, New York; J. C. Burgher, Pittsburg, Pa.

Obstetrics;—Drs. Henry N. Guernsey, Philadelphia; J. C. Sanders, Cleveland, O.; J. H. Woodbury, Boston, Mass.; Reuben Ludlam, Chicago, Ill.; Tullio S. Verdi, Washington, D. C.

Surgery;—Drs. Wm. T. Helmuth, St. Louis; Jacob Beakley, New York; Gaylord D. Beebe, Chicago, Ill.; E. C. Franklin, St. Louis; George F. Foote, Philadelphia.

Organization, Registration, and Statistics;—Drs. Henry M. Smith, New York, Horace M. Paine, Albany, N. Y.; Bushrod W. James, Philadelphia; Wm. F. Jackson, Roxbury, Mass.; T. Cation Duncan, Chicago, Ill.

Physiology;—Drs. J. H. P. Frost, Philadelphia; C. Vastine, Trenton, N. J.; S. P. Wilson, Cleveland, O.; H. P. Gatchell, Cleveland, O.; J. J. Mitchell, New York.

Hygiene;—Drs. Carroll Dunham, New York; George E. Shipman, Chicago, Ill.; T. G. Comstock, St. Louis, Mo.; J. H. Pulte, Cincinnati, O.; C. W. Boyce, Auburn, N. Y.

Anatomy;—Drs. T. F. Allen, New York; John C. Morgan, Philadelphia; H. C. Allen, Cleveland, O.; Melville Bryant, New York; Jabez B. Holtby, New York.

Committee on Medical Education;—Drs. John C. Sanders, Cleveland, O.; George S. Walker, St. Louis; Stephen R. Kirby,

New York; Daniel Holt, Lowell, Mass.; D. S. Smith, Chicago, Ill.

Necrologist;—Dr. Henry D. Paine, New York.

It is requested that communications pertaining to either of these Bureaus or Committees, should be forwarded to one of the members thereof before the 20th of May.

Homœopathic physicians wishing to become members, can obtain blank applications of the General Secretary, which they are requested to return to him, properly filled, before May 15th, or to the President, William Tod Helmuth, M. D., St. Louis, before June 1st, 1868.

It is important that all homœopathic societies and institutions should be represented by Delegates in the following proportion:

Associations of more than fifty members from different States, *two;* State societies, *two,* with one additional for every twenty members; county or local societies, *one;* colleges, hospitals, dispensaries, and medical journals, *one* each. When not otherwise appointed, local societies are authorized to appoint Delegates for homœopathic institutions.

This will probably be a large meeting of the Institute, and it is hoped that every member will make a special effort to contribute something to its value and interest.

I. T. TALBOT,
General Secretary,
Boston, Mass.

Death from the Entrance of Air into the Veins of the Uterus.—Prof. Olshausen relates a case in which, during parturition, the cervix not dilating rapidly enough, the uterine douche was applied. It was used three times, and about eight minutes after the last application, the patient complained of difficulty of breathing, suddenly rose straight up in bed, and then fell, and after a few convulsive efforts, died. At the post-mortem examination, a considerable quantity of air bubbles was found in the coronary veins of the heart. The small quantity of blood contained in the right heart was very frothy. The womb crepitated on pressure; the surrounding vessels were filled with air bubbles, as also the ascending vena cava. The two placentas (it was a case of twins) were detached, and one of them formed with the interior wall of the uterus an inflated pouch.—*Medical Record.*

asc.-sy., asc..tub., bapt.-tinct., cact.-grand., cimicif., cist.-can., corn.-cir., eup.-perf., gelsm. hyd., iris, lach.-tinct., lept., lith.-carb., pod.-pel., rumex., sang.-can., verat.-vir., xan.

Thirst—Aloes, asc.-tub., bapt.-tinct., cact.-grand., cist.-can. eup.-perf., gelsm., ham., hyd., lach.-tinct., pod.-pel., senec.-gracil., verat.-vir.

Thirst, want of—Asc.-tub., aloes, eup.-perf., gelsm.

Perspiration—Aes.-hip, aloes, apoc.-andr., arum.-trip., asc.-sy., bapt.-tinct., cact.-grand., cimicif., cist.-can., corn.-cir., eup.-perf., gelsm., iris, lach.-tinct., lith.-carb., pod.-pel., senec.-gracil., tell., verat-vir., xan

Perspiration, want of—*(See dryness of the skin.)*

Coldness of skin of whole body—Aloes, bapt.-tinct., cimicif., lach.-tinct., verat.-vir.

Cold feeling in the forehead—Cist.-can.

Cold feeling in the occiput—Aloes.

Cold feeling in the abdomen—Cist.-can.

Chilliness of the back—Aloes, bapt.-tinct., cimicif., eup.-perf. gelsm., hyd., iris, lept., pod.-pel., rumex., sang.-can.

Chilliness of the upper extremities—Bapt.-tinct., cimicif., hyd., iris, lept.

Chilliness of the lower extremities—Bapt.-tinct., cimicif., gelsm., iris, lept.

Hands cold. feet cold., &c.—*(See extremities.)*

Chill followed by heat—Cact.-grand., cist.can., corn.-cir., eup.-perf., gelsm., pod.pel.

Chill followed by heat with sweat—Corn.-cir., eup.-perf.

Chill, afterwards heat, then sweat—Cact.-grand., eup-perf. gelsm.

Chill followed by perspiration—Pod.-pel.

Chill relieved by heat of the fire—Aes.-hip., lach.-tinct.

Chill, although in a warm room—Asc.-tub., cact.-grand.

Chill, although by the fire—Iris.

Chill, although well covered—Cact.-grand., hyd., iris.

Chill all day with fever at night—Bapt.-tinct.

Coldness even after the heat commences—Pod.-pel.

Chilliness while moving about during heat—Eup.-perf,. pod.-pel.

Shivering—Aloes, cact.-grand., eup.-perf., lept., sang.-can., tell.

Heat followed by perspiration—Aloes, cact.-grand., corn.-cir., gelsm., lach.-tinct.

Heat followed by chill—Iris, murex.

Heat, delirium during—Cact.-grand., geslm., sang.-can., lach.-tinct.

Thirst before the chill—Eup.-perf.

Thirst during the chill—Eup.-perf., pod.-pel.

Thirst during the heat—Aloes, bapt.-tinct., cact.-grand., cist.-can., eup.-perf., pod.-pel.

Thirst during the perspiration—Cact.-grand., gelsm.

Thirst for beer—Aloes.

Perspiration with the heat—Aes-hip., arum.-trip., cimicif., eup.perf.

Perspiration general—Aes.-hip., apoc.-andr., bapt.-tinct. cact.-grand., cimicif., corn.-cir., eup.-perf., gelsm., iris., pod.-pel., verat.-vir., xan.

Perspiration in axilla—Aloes.

Perspiration of forehead—Lach.-tinct.

Perspiration back of hands—Lith.-carb.

Perspiration of genitals—Gelsm.

Perspiration strong—Aloes.

Perspiration after drinking—Aloes.

Perspiration, sleeps during—Pod.-pel.

Perspiration cold—Cimicif., corn--cir., verat.-vir.

Perspiration warm—Aes-hip., arum.-trip., cimicif., tell.

Perspiration profuse—Apoc.-andr., cact.-grand., corn.-cir. gelsm., lach.-tinct., lith.-carb., tell.

Perspiration nocturnal—Cimicif., cist.-can., eup.-perf.

Perspiration persistent—Gelsm.

During aphexia, loss of appetite—Pod.-pel.

Alternate chilliness and flashes of heat—Corn.-cir., eup.-perf., lach.-tinct., sang.-can.

Disposition to stretch and yawn—Aes.-hip.

Feeis as if he had the ague—Aes. hip.

Aching in bones—Asc.-tub., eup.-perf.

Soreness of flesh—Eup.-perf.

Worse morning of one day and afternoon of the next—Eup.-perf.

Quotidian intermittent, recurs every day at the same hour—Cact.-grand.

Flashes of heat from head to foot—Xan.

Warm feet and cold hands—Aloes.

Pulse accelerated—Bapt.-tinct., iris., rumex., tell.

Pulse diminished—Aloes, lept., sang.-can., verat.-vir.

Pulse full—Aloes, asc.-sy., bapt.-tinct., cimicif., gelsm., hel., lept., tell.

Pulse fluttering—Gelsm.

Pulse hard—Aes.-hip., cact.-grand., lach.-tinct.

Pulse intermittent—Aloes, cimicif.

Pulse irregular—Aloes, cimicif., hel., sang.-can., verat.-vir.

Pulse soft—Aes-hip, bapt- tinct., gelsm., verat.-vir.

Pulse scarcely perceptible—Pod.-pel., gelsm., verat.-vir.

Pulse small—Asc.-tub., bapt.-tinct., ham., lach.-tinct.

Pulse slow—Aloes, apoc.-can., bapt.-tinct., cimicif., euphorb., gelsm., hyd., lept., pod.-pel., sang.-can., verat.-vir.

Pulse thready—Asc.-tub.

Pulse quick—Aes.-hip., arum.-trip., asc.-sy., bapt.-tinct., cact.-grand., cimicif., gelsm., hyd., iris, lach.-tinct., sang.-can., verat.-vir., xan.

Pulse weak—Aes.-hip., aloes, asc.-sy., bapt.-tinct., cimicif., euphorb., gelsm., verat.-vir.

Pulse wiry—Ham.

Pulseless—Cact.-grand., pod.-pel., sang.-can.

SECTION III.

GENERAL SYMPTOMS.

Aching in the bones—Asc.-tub., eup.-perf.

THE WESTERN HOMŒOPATHIC OBSERVER.

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Original Articles.

UTERINE DENTITION. ITS PHYSIOLOGY AND PATHOLOGY.

BY HENRY S. CHASE, M. D., D. D. S., ST. LOUIS.

DENTITION is a word usually applied to the process of *eruption* of the teeth. I shall employ the term in a different sense. The formation, growth, and eruption of the teeth I call Dentition.

In this paper I wish to call your attention, as general practitioners, to some of those morbid processes and conditions of the teeth which occur, and the foundations of which are laid during embryotic life.

This is a subject which is not treated of in any works on general medicine, as far as I am aware, but it is, nevertheless, one of the greatest importance in reference to the future condition of the teeth, and, consequently, that also of the general health. For I think it must be acknowledged by every one tolerably instructed in Physiology and Hygiene, that the influence of diseased teeth on the general health is very great, and the total loss of them a dreadful calamity. You, as general practioners, have seen your efforts for the cure of many of the diseases of childhood rendered futile, or at least the cure very much delayed,

or made merely temporary, by the erethism of the nervous system, produced by diseased teeth. You very well know that many of your little patients have decayed and aching teeth even before three years of age. This condition of the Dental organs excites the wonder of not only the patients and the non-medical community, but of the educated physician.

If I shall succeed in explaining to your satisfaction the causes of such imperfect dental structures, and a probable remedy for their morbid conditions, I shall have a new source of pleasure; for, believing that I have arrived at correct conclusions from observation and theory, I have for several years endeavored to impress on the minds of the medical, as well as the general public, the truth of the facts which I here present. To show this subject in a proper light, I shall be obliged to say many things which you already know as well as, or better than, myself, and therefore this is the only apology I shall make for repeating well-known principles and facts.

Of what are the dental tissues formed? The following analyses are from "Tomes:"

	Dentine.		Enamel.
Phosphate of Lime	66.72		89.82
Carbonate of Lime	3.36		4.37
Phosphate of magnesia	1.08		1.34
Salts	0.83		0.88
Cartilage	27.62	Chondrine	3.39
Fat	0.40	Fat	0.20

The cementum, or that tissue which covers the dentine of the roots, is so nearly like bone in its chemical constituents, as well as in its histological structure, that an analysis of bone will answer our purpose for both formations. The following is from Lehmann:

ANALYSIS OF BONE.

Phosphate of Lime	57.	Carbonate of Lime	8
Fluoride of Calcium	1.	Phosphate of magnesia	1
Cartilage	33.		

Thus we see that more than ninety per cent. of the enamel, about 75 per cent. of the dentine, and 67 per cent. of cementum, is composed of mineral elements, nearly all of which is phosphate of lime.

Let us now see at what age the teeth begin to form; how they originate; and how they are developed and nourished. I shall have to go over this very briefly, for a full history of these

changes would require a respectable volume of print. A few minutes consideration of the subject, however, will fully answer our purposes.

As early as the fifty-sixth day after conception, the germs of the teeth appear, taking the form of little bead-like tumors on the mucous membrane of the maxillae. At this time they are situated in a slight groove, called the "primitive dental groove," at the bottom of which afterwards lies the dental artery and nerve. The inferior dental canal, in the adult, was once the primitive dental groove for the formation and growth of the under teeth. These teeth germs, or bulbs, are of the same tissue as the mucous membrane itself, of which they seem merely outgrowths. As age advances, the bulbs enlarge and gradually take the shape of the crowns of the different teeth which they represent. The histological character of the germs soon changes, and their substance is found to be made up of a mass of connective tissue cells. As growth proceeds, these cells are differentiated into dentine *tubes*. While this process of growth has been going on, processes of the mucous membrane have grown up by the side of the germs and covered them over. Between these covers and the crown of dentine tubes, a mass of rounded cells are produced from the interior layers of the covers, which are gradually formed into enamel fibres, and this is called the enamel organ. During the meantime, the external and internal plates of the maxillae have grown up and enclosed the crown, protecting it thus from external violence. The maxillae are, of course, covered by their normal tissue, the gingival.

We have now seen that the teeth are first formed of soft tissue; and we may further add that their perfected shape is fully made out before the hardening process takes place to any extent. It is remarkable that the first sign of ossification in the embryo is found in the lower jaw; and this occurs as early as the twenty-sixth day after conception. By the fifty-sixth day *no* portion of this maxilla is entirely without ossified points.

In the teeth themselves, points of calcification or hardening may be found as early as the hundredth day. Perhaps I need not say that this hardening process is not ossification. It is only an infilitation or deposition of lime salts into the dentinal tissue, which we know is very different from osseous tissue.

This calcification of dentine necessarily takes place first in the *extreme* points of the crown of every tooth. Thus the cutting edges of the incisors, the points of the canines and bicuspids, and the tubercles of the molars, are first to be invaded by calcification. Afterwards the process continues by approaching the base of the crown and roots. As there are two sets of teeth to be formed in the jaws, namely, the temporary and permanent, it may be supposed that they are not both formed at the same time; yet this is really the case, so far as some of the individual teeth are concerned; for we find as early as the eighty-fifth day the first *permanent* molar follicle appears, and by the three hundredth *all* the follicles of the permanent teeth are completed. At the latter time, or at birth, we shall usually find the *temporary* central incisors calcified in the dentine the whole length of the crowns; the laterals less advanced; the points of the canines and the grinding surfaces of the molars are also calcified. The enamel of all these teeth is still soft and imperfect over the portions of dentine calcified. This view of the teeth during intra uterine growth, shows us that they are subject to all the evils of disease and mal-nutrition which may affect the mother and child during this important period.

And here let me say what I have so often said at other times, that if the character of American teeth is ever to be improved so that they may become a blessing to the majority, instead of, as now, almost a curse, Physiology must point to the period of conception and gestation as the most important time in which to institute those simple but effectual measures which can prevent those terrible consequences resulting from a violation of the laws of Hygiene.

If it is asked, how it is known that erupted teeth have been subject to, and have been *injured* by intra uterine conditions, I answer: We find, by microscopic examination, an arrest of development in the various histological tissues. We find diseased states of various portions of the teeth as soon as they are erupted, and even long before, in the dead subject. Those most apparent after eruption are chronic inflammation of the peri cementum; yellowish spots on the enamel, particularly of the incisors, with a soft and chalky texture of that tissue; pits in the enamel which soon become black; notches in the cutting edges of the

incisors; fissures in the crowns of the molars, long and deep. Many years after birth, on the eruption of the permanent teeth, we find the same symptoms of imperfect development that we have found in the temporary teeth. And knowing, as we do, that the permanent teeth are undergoing the processes of formation and growth *before* birth, we must admit that they are subject to the same agencies inimical to their best development that those of the temporary set are. At the very moment of conception, the teeth may receive an impulse or seal which shall decide their future character. That this is so cannot be doubted when we see the type of the dental organs belonging to the *Father* reproduced in the offspring. We almost always find that if the father gives the typal *form* to the teeth, that he also gives the histological character belonging to his own teeth, other things being equal. Let one illustrate: A father, having well developed and well calcified teeth, may give this type to his child. If the mother, who carries the embryo, gives it normal nourishment, and without disease, that child will be blessed with good dental organs, provided neither sickness or mal-nutrition interfere after birth, before the processes of growth are completed. But the very best type of teeth, received either from father or mother, may be entirely changed by unfavorable intra uterine life. From this stand-point, then, let me make a few observations:

My first thought is, that every husband and every wife should see to it that their own teeth are in a *healthy* condition before they cause the conception of a new being. My observations lead me firmly to believe that parents having teeth which *have* been decayed, and are now plugged and in a healthy condition, will be a thousand times more likely to transmit good dentures to their children than parents who have the same original character of teeth, but which, at the moment of conception, are decayed and unplugged. I hardly need urge the importance of good physical health generally at this critical period, for it is well known that weak and puny offsprings are the products of diseased parents. There are two conditions, however, to which I wish to call your particular attention, namely: those produced by syphilis and mercury. Syphilis causes notches in the edges of the incisors, and brown or iron-stained pits in the enamel, and

also brown spots, with chalk-like texture of the enamel. Mercurial diathesis produces chronic inflammation of the pericementum, or at least a peculiar disposition to take an inflammatory action, through life, from very slight causes. It also causes pitting of the enamel without discoloration. Both syphilis and mercury cause imperfect closure of the enamel fissures, where it covers the grinding surfaces of molars and bicuspids, and some other portions of the crown. They also cause imperfect development in those tissues of the teeth which can only be examined by the microscope. And so we find inter-dentinal *spaces* something like lacunæ, where there should only be dentine tubes; thus forming a structure in which decay or caries runs riot when once reached. If constitutional disease or imperfect condition of the dental organs of the parents, at the time of conception, affect permanently the future growth and perfect development of their children's teeth, so also does the condition of the mother alone during the period of gestation and lactation. And the same affections which I have already mentioned, pertaining to the teeth, are just as surely the result of syphilis and mercury, during gestative life, as at the moment of conception. Severe syphilitic or mercurial disease of the mother at the period when the dental germs are forming, often produces inflammation of those bulbs and an entire arrest of growth takes place. This arrest of growth may be permanent, and if dentification and calcification have not yet commenced, then no signs of teeth will ever appear after birth. When the inflammatory process takes place, after calcification has somewhat progressed, then, if a total arrest of growth has taken place, we may see, after birth, vestiges of teeth, in the shape of small nodules of dentine of irregular shapes.

In other cases we find that the germs have recommenced their development after the disease has passed away, and we may find them after birth, and their eruption to be compressed or shriveled at that particular portion of substance which would indicate the point of development to which they had attained at the time of their inflammation. Thus we see teeth shriveled, irregular, or with a furrow around the crown.

It must not be concluded, however, that syphillis and mercurial poisons are the only agencies which will produce imperfect

teeth. Severe sickness of the mother, of any kind, if prolonged, will cause greater or less derangement of their formative growth. Any sickness of the mother, in which the child participates, by causing a total suspension of the nutritive process, may dwarf the teeth. Thus we see teeth abnormally small. We also see them with a succession of transverse furrows, when the mother has had repeated attacks of illness and repeated recoveries.

Even if the child in utero could be free from those diseases which affect the mother, yet it must suffer from innutrition, if the mother does not ingest and digest food for replenishing her blood with the elements which her own tissues and those of her growing child demand.

These thoughts bring me to another portion of my subject, namely:

INTRA UTERINE MAL-NUTRITION.

The blood of the mother being the storehouse from which all nutritive supply must be obtained for the growing embryo and child, it is evident that it should contain all the elements in abundance for the formation of its various tissues. At this period, then, the mother must not only ingest and digest food sufficient for the renovation of her own tissues, but also for that of her child. We know that disintegration of every tissue of her body will daily take place in very constant proportions, and be cast out of the system by the urine, the fæces, and the perspiration; and thus a certain loss by weight of the body will occur if that loss is not made good by the digestion and assimilation of ingested food. The very same processes also must take place in the child corresponding to the relative changes in the system of the mother. For we cannot for an instant suppose that the child could be nourished by the effete elements which have been used by the mother's tissues and then cast into the venous blood. But the mother has yet an additional duty to perform. The embryo demands growth, and therefore an additional quantity of food must be furnished her blood for this purpose. How beautifully nature performs her operations! For every physiological necessity there is a corresponding supply. The mother has now an increased appetite, and partakes of a quantity of food with pleasure, which would have been nauseous to her under different circumstances. Now what shall her food be? Evi-

dently it should contain all the elements, in nature's proportions, of which the various tissues of herself and child are composed. These tissues are formed of certain elements in nearly constant proportions. Therefore albumen cannot interchange with gelatin, nor phosphorus with carbon, or lime with soda.

As the dental tissues are the particular subject of this "paper," my remarks must be directed to them, or I shall exceed the bounds of your patience.

PHOSPHATE OF LIME is the principal substance demanded for the nutrition and growth of the bones and teeth. And now let us see what is probably the daily amount required to supply the *waste* of the osseous system of the mother and child, and also the amount necessary to build up the osseous and dental tissues of the latter, until the time of weaning. It is well known that phosphate of lime is an element of every tissue of the body, and that, therefore, there is a constant demand for it, besides that needed for the bones and teeth. But in my calculations I shall leave this entirely out.

If we estimate the weight of the bones and the teeth at one-eighth of the whole body, it gives us 17½ pounds of osseous tissue for a person weighing 140 pounds. Bidder and Schmidt have found the loss of the skeleton in *starvation* is 16.7 per cent. for 18 days experiment. Therefore, in an adult of 140 pounds, there would be a daily loss of ninety-three grains of bone material, or a loss of 50 grains of phosphate of lime. This amount of lime is contained in 1800 grains of *dried* beef, or 19 oz. of *unbolted* wheat flour, or 95 oz. of superfine flour. But as this 50 grains of daily loss of phosphate of lime represents only the *bony* tissues, it is evident that a greater amount of food would be necessary to maintain health and present condition than that which would represent only 50 grains of the phosphate. I therefore estimate the quantity of food for the maintenance of an adult in health, weighing 140 pounds, to be represented by thirty-one oz. of *fresh* mutton or beef; or twenty-one oz. of unbolted wheat meal; or one hundred and five oz. of superfine flour; or eighteen oz. of peas; or eight oz. of cheese.

A healthy child, weighing thirty pounds, twenty-seven months after conception, would have about 4.75 pounds of osseous tissue, containing 2.85 pounds of lime. It would therefore require

an average daily assimilation of phosphate of lime equal to 27 grains, to supply its increasing growth. For its daily waste in the same tissues would demand 10.7 grains, making a daily necessity for the supply by the mother of 37.7 grains of the phosphate for the child alone, which, in addition to that required for the maintenance of her own osseous system, would amount to 87.7 grains. Thus we find that a mother, weighing 140 pounds, must ingest and digest daily, through the period of gestation and lactation, an amount of food represented by 34 oz. of unbolted wheat meal; or 170 oz. of superfine flour, daily, for the benefit of the *osseous systems alone* of herself and child.

These facts are truly startling! And I believe they *are* facts, for I have endeavored to make careful calculations from reliable data found in various works on Chemistry and Physiology. As no mother could, by any possibility, eat and digest over ten pounds of flour, let us see how the *majority* of women and mothers live in this country. Phosphate of lime is known to be almost always united to the nitrogenous portions of food. For instance, the *gluten* cells of the wheat berry contain all the phosphate of lime, while the greater bulk of the berry, which is a mass of *starch* cells, is entirely devoid of that salt. The very poor, in cities, satisfy their hunger with superfine flour for less money than with any other article of diet. The luxurious and rich live mostly on food abounding in starch, to the exclusion of that which is nitrogenous. It is notorious that the food of mothers is principally composed of flour in various forms of cookery; and of other starchy substances, together with oil, or butter and sugar.

The bountiful Creator has provided in every vegetable and animal substance fit for food, an abundance of *all* the elements for the nourishment and growth of animal life. There is no other article used as food that has been robbed of such important elements as has that royal berry, the wheat kernel.

Disease and death would soon overtake a mother and child who should persist in using *only* superfine flour for food. In thousands upon thousands of cases, so much of their daily food is made up of this substance, that they are undergoing a process of starvation. Imperfect calcification of the teeth and bones are not the only result. Diseases of all kinds make an easy in-

vasion on those constitutions thus enfeebled by the loss, not only of lime, but phosphorus. Lassitude, and feebleness of mind, are the invariable results of this loss of phosphorus. This lassitude is counteracted by strong tea and coffee, which only have the effect to sooner exhaust the stock of vital force.

Believing, as I do, that it is the imperative duty of the physician to instruct the public in the laws of health, I appeal to you, as reformers in medical science, to take this matter under serious consideration, and if you are satisfied that I have told the truth, that you will use your influence to promote among your patients a better system of diet than that which now generally prevails. Principles relating to general hygiene should also be inculcated, and I would suggest that a large card, suitable for hanging up in the nursery, should be printed and distributed among your patients' families, containing "APHORISMS OF MATERNAL HYGIENE."

We have seen how important a matter it is that constant nutrition should take place; that sickness of the mother starves her child, and dwarfs the dental and osseous tissues; that food, robbed of important elements, does the same. Now, I wish to say that I believe no artificial phosphate of lime can be assimilated for the nutrition of the teeth. Must not all the mineral substances which are components of animal tissues be first vitalized by the *vegetable* cell before it can become food for animal life. So far as I know, all attempts to substitute artificial lime salts for those found naturally in the wheat kernel, have utterly failed. Repeated observation and trial have, however, proven to me that the dental tissues have become better calcified by the use of the unrobbed wheat berry, or where superfine flour was discarded as an important factor of nutrition, and meat, vegetables, and so forth, substituted.

I subjoin a short table, showing the amount of *phosphate of lime* in various articles of food, taking the *ash* for analysis:

Wheat, 43.34; oats, 15.60; Rye, 16.80; Barley, 31.60; Beans, 45.70; Turnip, 91.29; Potatoes, 73.20; Mutton or Beef muscle, 66.66; milk, 70.

Mayer, of Germany, found fifteen times more phosphoric acid in the *whole* berry of wheat than he did in superfine flour.

Horsford, quoted by Lehmann, found five times more *ash* in the whole berry than he did in superfine flour.

Horsford, of Massachusetts, finds only a single layer of gluten cells in the wheat berry, and those lie next to the *bran* envelope, and adhere to it in the usual way of grinding the berry. It is the desire of the miller that they should do so, for they are dark colored, and if mixed with the starch cells, would make the flour dark and unsaleable. The gluten cells, we have already learned, are the grand magazine for the phosphates; and their removal from our daily food we may well conclude is disastrous to health and *perfect dentition.*

"WHAT THEY TEACH IN ST. LOUIS."

BY J. T. TEMPLE, M. D.

Again we are placed under obligations to Sam. A. Jones, M. D., (speciali gratia,) for calling attention to what we teach in St. Louis. In his last communication to the Investigator, he announces that he has convicted us "of ignorance and a disregard for the teachings of medical history." We are induced to notice this article, not because we expect to benefit Sam., but to counteract the influence which his sophistry and misrepresentation might produce.

It seems that the great aim and desire of the writer is to ignore the existence of the dynamic Force in medicine. He says, "we see no need of a *spirit* while the substance is present;" and again, "that a spiritualization of the drug is that which cured, we see no need of believing, if any of the drug itself is present in the *curative dose.*" Will Sam. say that there is no particle of matter in the 30th or 300th alternation? Can he destroy matter? Will he tell us at what point matter ceases to be divisible? To all well-informed homœopaths it is a known fact that every atom of a drug is possessed of vitality, or dynamic Force, as perfectly as the mass from which it is disintegrated. "Hahnemann's illustrations," says "Speciali Gratia," "of the quasi "'spiritualization'" would do in his day, but the "'correlation of Forces,'" which makes such havoc with his argument, was unknown then." Neither the correlation of Forces, nor Schwan's theory of the Cells, nor Sam's infidelity, can remove or affect the stability of a Fact. We believe in

Facts. In order to comprehend the subject fully, we think it necessary to ascertain, 1st, the nature of the disease, and 2d, the character of the agent given us by a kind Providence for the cure of said diseace. Hahnemann says, "by far the greater number of diseases are of a dynamic nature," and, further, "that disease can only be removed by dynamic means." Again, he says, "diseases will not, out of deference to our *stupidity, cease to be dynamic aberrations, which our spiritual existence undergoes in its mode of feeling and acting—that is to say, immaterial changes in the state of health.*" Again he says, that it is an established fact "that, with the exception of those diseases brought on by the introduction of indigestible or hurtful substances into the alimentary canal, and other organs; those produced by foreign bodies penetrating the skin, &c., there does *not exist a single disease that can have a material principle for its cause.*" This fact is so generally admitted by homœopaths, that we deem it superfluous to recount the evidences which establish its truth.

As disease is of dynamic origin, and dynamic in its nature, how should it be treated unless by a similar agent—a dynamic Force? This vital, spiritual, dynamic power is ignored, denied by S. A Jones, M. D., and, forsooth, because *he* cannot see any "need of a spirit while the substance is present." Suppose it cannot be seen by such as Dr. Jones, does that militate against the fact that matter is endowed with Force, a vital, active Force, which is not material? That remedies act by virtue of this dynamic power in curing disease, is now acknowledged by all Allopathic writers of any standing.

Pereira, in his great work on Mat. Med., uses the following language: "In the inorganic kingdom we have evidences of an influence which cannot be denominated either chemical or mechanical. The communication of magnetical and electrical properties to iron by mere contact with another body, without the introduction of any change of form or of composition, either of the iron itself or of the imparting body, is an example of this. Now, to influences of this kind, the term *dynamical* has been applied, and several Pharmacologists have employed it to indicate those influences of medicines over the organism which are ascribable to neither mechanical nor chemical causes."

Baglivi said, "according to Pliny, we are ignorant of what makes us live; but if I dare give my opinion, we are much more ignorant of what makes us sick, for the *infinitesimal* substance that gives the first and immediate impulse to disease is *entirely incomprehensible.*"

But we return to Hahnemann, who truly says, that "as the condition of the organism and its healthy state depend solely on the state of the life which animates it, in like manner it follows, that the altered state, which we term disease, consists in a condition altered originally only in its *vital sensibilities and functions,* irrespective of all *chemical or mechanical* principles, in that it must consist in an altered dynamical condition, a changed mode of being, whereby a change in the properties of the material component parts of the body is afterward affected, which is a necessary consequence of the morbidly altered condition of the living whole in every individual case."

We stated that without a knowledge of dynamization, the Law of Similia would be useless. Hahnemann, in speaking of the use of remedies against "pretended general characters of diseases," says, "there could be none save those termed *specific* —that is to say, medicines whose action is analagous to the morbid irritation, (now called homœopathic) and whose application has been *denounced and prohibited* by the old school of medicine as highly dangerous, because experience proved that the use of them in such powerful doses as had been usually administered was pernicious, &c."

Does the fact of an accidental cure being made by a number of remedies mixed together, prove that Homœopathy could exist without a knowledge of dynamic action? How could the remedy effecting the cure be known to an Allopath? But suppose it was known, it was then "denounced and prohibited," although given in accordance with the Law Similia. How then could Homœopathy exist even where the great therapeutic Law was recognized? Why did our Great Founder abandon the ordinary dose after he was convinced of the truth of the Law Similia?

"The ark of Homœopathy never did and never can rest on the great therapeutic law of Similia. The basis of Homœopathy is the Dynamic Power and not the therapeutic Law."—J. T. Temple, M. D.

"Observation, reflection and experience have unfolded to me that the best and true method of cure is founded on the principle *similia similibus curantur.*"—S. HAHNEMANN, M. D.

"The reader can choose for himself which of the above teachers he prefers."

Hahnemann says the best and true method of *cure* is founded on the principle of Similia. We say amen; and we say more, that there is no other law of *cure* known. Does this make "Similia" and Homœopathy synonymous terms? Does Homœopathy consist only of the therapeutic Law? Cannot Sam. distinguish between a system, and a simple law which composes a part of that system?

"Homœopathy is not only a new method, but much more; this method does not rest upon new views, like every other hitherto promulgated, but upon new discoveries, which appertain to the departments of natural philosophy, the natural sciences, physiology and biology."—HERING.

To those who understand Hahnemann's teachings, there can appear no difference of views between the doctrines taught by him and those we teach. He "taught the efficacy of small doses, and declares that when drugs are prescribed according to the Homœopathic law, it is *indispensably necessary* that the doses be small, and that *infinitesimal* doses are more efficacious than large ones."

"Hahnemann says, "now, because diseases are only dynamical derangements of our health and vital character, they cannot be removed by man otherwise than by means of agents and powers which are also capable of producing dynamical derangements of the human health, that is to say, diseases are cured virtually and dynamically by medicines."

Again, he says: "Now, as the power of curing diseases, as also of morbidly affecting the healthy, is met with in inseparable combination in all medicines, and as both these properties spring from one and the same source, namely, from their power of *dynamically* deranging human health, and it is hence impossible that they can act according to a different inherent natural law in the sick, to that according to which they act on the healthy, it follows that it must be the same power of the medicine that cures the disease in the sick. as gives rise to the morbid symptoms in the healthy."

In our previous article we said, take away the knowledge of Dynamics from the profession, and the great law of therapeutics would remain as it did from the days of Hippocrates until the discovery of dynamization, a useless law, because of the danger of its application, and Homœopathy would have no existence, because it would have no basis on which to rest. Sam. quotes this paragraph, with the following puerile effort at reasoning: "Here we have an astonishing 'change of base;' first the 'Dynamic Power' was the 'basis of Homœopathy;' now 'a knowledge of dynamics' is the 'basis.' This is a judicious change, because those 'Physicians of the old school' had not this 'knowledge of Dynamics.' But Hahnemann declares that they made homœopathic cures; then one of three things is true—(1) either the knowledge of dynamics is not an essential element of Homœopathy; (2) or Hahnemann did not know what Homœopathy was; (3) or Prof. T. does not know what is the basis of Homœopathy." This splendid array of logic needs no comment. In the closing paragraph poor Sam, seems to have fallen as far short of Dudgeon's ideas, as he has shown by his article he does of the teachings of Hahnemann.

Now, as one of the doctrines of our school has provoked the condemnation of several *great men*, we shall be bold to declare some more of our teachings. We teach the individuality of every remedy, and of every disease. In strict conformity with these two great facts, we teach the use of *one remedy* and the full action of that remedy before repeating it. We teach that the selection of that remedy must be made, not from chemical experience, not from physiological or pathological conditions, but from the symptoms, the every symptom, moral and physical, with all the aid which chemical experience, physiology and pathology can lend us in getting a true picture of the disease. We teach that the man who cannot see, and does not appreciate the majesty of facts, cannot be a Homœopathic Physician, because he is blind to the great light of Scientific Truth, and impotent for progress.

Surger

AMPUTATIONS AT THE HIP JOIN

FROM THE SURGEON GENER

Sauveur Francois Morand, wh
1729, under the celebrated Chese
surgeon of the Hotel des Invalid
ian Hospital of La Charite, w
directed his attention in a parti
the coxo-femoral articulation, a
of this formidable operation. I
this disarticulation upon the ca
its successful performance up
societies and academies were
to consider the subject.

In March, 1739, two of Mora
the horse-guards of the King o
titioner at Nyon, in Switzerla
Royal Academy of Surgery at
this operation was formally a
and diseases for which it migh
were pointed out. These p
ability, and they were subseq
works. M. M. LeDran an
Academy to consider these m
and long investigation, they
report.

In 1743, Ravaton desired
case of a gendarme of Louis
through the trochanters, bu
of his colleagues.

In 1748, Lalouette publish
a trial of the operation, and
completed an amputation w
the case of a child of fourte

lguer and Pott, con-

re, in the department
case of a man twenty-
ht thigh was crushed
and was almost wholly
. The patient recovered
an inn in Sainte-Maure,
his history in 1815. In
ne separation of all the
had been accomplished
se cases are justly styled
ons at the hip.
mpton, in England, ampu-
consumptive girl of eleven
th lumber abscess and ex-
of the adjacent parts of the
this unjustifiable operation
the first authentic instance
nt, and the result of the
, since it dispelled the
ained of the immediate
that in more favorable
t reasonably be enter-

dition, another amputa-
in England by Henry
ital. It is not recorded,
hospital. It is supposed
the one probably wit-
phatic condemnation

n at the hip-joint was
surgery, and demon-
lecturers; but we find
ng. The next example
stance of its perform-
t of the femur, occurred
1798. The operator was

enceforward a zealous advo-
nt bore the operation well,
condition was most satisfac-
hat he should follow the army
an twenty-four hours duration,
ed probably from the exposure
uous to recapitulate the earnest
rt of this case by Larrey, with
roduction of this operation into
ferred to in most modern surgi-
n full in Cooper's Surgical Dic-
essible works. On their publica-
int became a recognized resource
en alleged that, in 1794, A. Blan-
three or four times, for gunshot
he femur. M. Velpean states that
s, and saved two of his patients,
-eight days; and adds that another
the same year, did a successful am-
r gunshot injury. Bourgery says
atients recovered. Neither author
statement.

erichof, near Limberg, on the Lahn,
d an English sailor, whose thigh was
ball, at the naval battle of Abouqyr,
subsequently underwent amputation at
d health years after the operation. It
e is no other record of the case.

ned the operation twice at the siege of
of his patients, an officer, M. Bonhom-
lition on the seventh day, when he was
the plague. The other, a drummer boy,
ring the retreat of the army.

s alleged that Krimer amputated at the
acture. The patient is said to have died
n day.

, 1809, Larrey operated at the hip-joint on
perial Guard. These were intermediate
lted fatally in a few hours.

In 1811, Brownrigg amputated at the hip-joint unsuccessfully, at Elvas, in Spain. But he was more fortunate the following year, in a similar operation on a private of the 13th British Dragoons. This man recovered, and lived for many years afterwards at Spalding, in Lincolnshire. This was a secondary operation, performed December 12th, 1812, for complications resulting from a gunshot fracture of the femur received at Merida, in Spain, on December 29, 1811. It was the first successful amputation at the hip joint recorded in military surgery. Brownrigg also performed the operation in two other cases during the Peninsular war; these terminated fatally. In this year also Guthrie performed the operation unsuccessfully at the siege of Ciudad Rodrigo.

In 1812, Larrey also operated twice; first on July 29, at Witepsk, on a Russian soldier, whose left thigh had been carried away by a cannon ball. Ribes assisted at this operation. Larrey believed the patient would have recovered had it been possible to provide suitable nourishment for him. He died from dysentery on the twenty-fifth day, the wound having nearly cicatrized. The other case was that of a French subaltern of dragoons, whose thigh was terribly injured by a cannon ball at the battle of Borodino, on September 7. He was removed to the abbey of Kalloskoi, and thence to Witepsk, where he remained, under the care of Surgeon-Mayor Bachelet, until he was nearly well. He was then sent to Orcha, and the Surgeon-Major in charge there reported to Larrey, three months after the operation, that he had entirely recovered. This case is cited as the second successful amputation at the hip joint in military surgery, and the first successful primary amputation; but, as the patient never reached France, and his death is not accounted for, the adversaries of the operation will not admit the case as a success.

In the war of 1812, between the United States and Great Britain, no examples occurred of the performance of this operation.

In April, 1814, after the unsuccessful assault on Bergen-op-Zoom, Cole performed this operation by the circular method. A few days subsequently Samuel Cooper operated at Oudenbosch on a soldier who had received, at the same assault, a dreadful

fracture of the upper part of the femur by a grape shot. Both cases resulted fatally.

Dr. Emery operated, July 2, 1814, on a corporal, whose left thigh had been fractured by a musket ball a year previously in Spain. The patient died thirty days afterwards from secondary hemorrhage.

(TO BE CONTINUED.)

SURGICAL NOTES.

EVULSION OF THE ARM AND SCAPULA BY MACHINERY.—Dr. Lowe, of the West Norfolk and Lynn Hospital, publishes (Lancet) a case of the above, which is an example of an operation done accidentally, resembling that recently performed by Sir Wm. Ferguson, and reported some time since in the Journals. The patient, *ætat* eighteen, had his whole upper extremities drawn into a carding machine of a flax mill and torn to pieces. The wound was closed up immediately after the man was rescued, and the vessels were so much torn that there was very little hemorrhage. When admitted into the hospital, he was in a state of collapse. The wound having been opened, it was found that the entire upper extremity had been torn away, and the clavicle exposed over its outer half. The skin was divided almost as evenly as by a knife, and formed good anterior and posterior flaps. Over the breast and side of the face the surface was marked with lines of serrations, caused by the teeth of the carding machine. The artery and nerves, denuded to the length of four inches, were found lying in the wound, the former pulsating strongly to within a quarter of an inch of its extremity. The patient was put under the influence of chloroform, when Dr. Lowe separated the vessel and ligatured it, cutting off its exposed part, as well as the nerve plexus, and also removed about the outer third of the clavicle. The wound was brought together by three loose sutures, and a compress and bandage applied. The patient made a good recovery, and was in a fit condition to be discharged from the institution thirty-five days after the injury. Several instances of a similar accident are on record. In some cases no ligature has been required. This was so in the case related by Belchier, ("Philosophical Transactions, Vol. XV.") and in one

by James, (*London Medical Gazette, Vol. V.*) Other cases, in which, as in Dr. Lowe's, the subclavian artery was tied, will be found described by Scarnell, (*The Lancet, 1832, p. 14.*) and by Cartwright, (*Boston Medical and Surgical Journal, 1837.*) There is also a case of Mr. Lizars' mentioned in Fergusson's "Practical Surgery," as well as reference to others described by Cheselden, Carmichael, King and Dorsay.

THE LIGATURE AND MR. SYME.—Mr. Syme has bid adieu to the use of the ligature, save in the tying of the larger arteries. He employs torsion; and after the operation is completed, he clears out the wound, using a weak solution of carbolic acid and water, (one pint to thirty), and covers the whole over with a paste containing carbolic acid, chalk, and other ingredients.

LITHOTOMY—THE BILATERAL OPERATION AND DOUBLE LITHOTOME.—It is clear to my mind that first, the anatomy of the part; second, the thing to be accomplished (viz: the extracting of the stone of large or small size, as the case may be); and third, the importance of simplifying, as much as possible, all surgical operations, forces the fact upon the mind of every operator, that the bilateral operation is the one to make, and that the double lithotome is the instrument to make it with. As every operator knows, who is at all acquainted with the operation, how the perineal incisions in both operations are made, it is only necessary to speak of the most important facts in the operation. It is an admitted fact that the danger of cutting the internal pudic artery consists in lateralizing too much, while that of wounding the rectum is in not lateralizing enough; now, this being the fact in the case, it is as certainly apparent to the mind of every surgeon, that as the lithotome regulates itself as to the amount of lateralization necessary, there cannot be so much danger in the hands of an operator of dividing the pudic artery as there would be by using the bistoury, and by simply depressing the handle of the lithotome and withdrawing the instrument with the back of the sheath of the blades resting in the groove of the staff, or director, which should be held steadily by the assistant, closely hugging the symphysis pubis, so as to draw the neck of the bladder as far as possible from the rectum, the groove in the director being held on a line parallel with the raphe of the perineum.

The question would arise in the mind of the operator, not as to how he would be able to avoid the pudic artery and the rectum, but rather, by operating thus, how is it possible that either the pudic arteries or rectum could be injured; taking care, of course, not to set the blade of the lithotome too deep, keeping in view the fact that all the surgeon wants is simply a hole in the bladder large enough to admit the end of the index finger, and relying upon dilating with finger and blade of forceps for extracting the stone, in the event the size of stone should require it, and failing, in this event, to extract it, then always bring the lithotrite to your aid and crush it, rather than make the opening any larger. The inexperienced operator will be astonished to find how easily and to what extent the opening in the bladder can be dilated with the finger, or by simply expanding the blade of the forceps; and after the stone is grasped by the forceps he will be equally astonished to find how large a stone can, by patience and manipulation, be withdrawn from a very small opening.—DR. BENJAMIN FRANKLIN, *Nashville Journal of Medicine and Surgery.*

A USEFUL MODIFICATION OF THE CATHETER.—Dr. T. Warden, *Lancet,* has made the following improvement in the construction of the catheter, which specially adapts itself to those patients upon whom the instrument has to be used, while they are confined to their beds. From the lower side of the instrument, about three inches from the extremity, a tube is led, having about the same curve as that at the bent end. The catheter now presents the appearance of an elongated letter S, with a projecting piece at the angle of the upper curve. This part is impervious, merely serving the purpose of a handle, which may be made flattened, if desired; the curved portion, which points downwards, is continuous with the tube, and has its orifice closed in the usual way with a wire and head. By the direction of this part, the stream can be safely directed into any kind of vessel, without the chance of wetting the patient's bed or the hands of the operator.

IDIOPATHIC BUBO AND SECONDARY SYPHILIS.—1st, Bubo for which we can give no cause (*bubon d'emblee*), cannot be explained, in the great majority of cases, by simple excitation.

2d, It should be considered as making part of the array of venereal symptoms, under the same title as indurated chancre, soft chancre, blennorhagia, balanitis, warts, etc.

3d, Facts most scrupulously noted will not allow us to doubt that it can, in exceptional cases, be followed by constitutional syphilitic taint.

4th, It would be desirable that statistics bearing on a great number of cases should be prepared, so that the degree of frequency of unaccounted-for bubo, and the cases in which it is followed by secondary syphilis, might be established.—DR. BOURGUET, *of Aix Medical Congress—Gazette Medicale, de Paris, Oct. 26, 1867.*

NEW OPERATIONS ON THE EYE.—M. de Graefe took occasion to communicate three new surgical operations, with their procedure.

The first has for its object the *section of the optic nerve,* in cases of remaining subjective luminous sensation; in particular affections to the loss of the eye, and the occasion of deep trouble to the life of the patient.

The second consists in the *partial tenotomy of the elevator of the upper lid,* in Bandow's disease.

The third concerns the most recent modifications practiced by the learned professor in his *method of linear extraction of the cataract.* This modification consists in the suppression of every tractor instrument for evacuating the crystaline. Since the introduction of this modification, the numbers of cases of procidentia of the vitreous body has been diminished in the proportion of from 14 in 100 to 3 in 100.—*Gazette Hebdom, Sept. 13, 1867.*

Translated Articles.

TIMELY WORDS.

The following passages occur in a series of very valuable papers, by the venerable Trinks, in *Hoeop. Kl. Zeitschrift:*

An opportunity is offered here to express ourselves in regard to the great disadvantage under which the younger generation

of Homœopathic physicians labor, in neglecting the study of the Materia Medica pura, and the writings of Hahnemann generally. Hahnemann's rules and advice, to observe the peculiar action of each remedy on the healthy organization, must be acknowledged as the only correct and safe method, in order to place the Pharmacodynamic upon a firm basis; and to apply the results thus realized in accordance to the law of similia, in the treatment and cure of disease, with success.

Hahnemann has taught us, in the first edition of his Organon, how the superstructure of a physiological Pharmacodynamic should be carried on, and the physiological actions of the remedies to be adopted as therapeutic agents; if in this manner the difficult labor is continued, the great aim will be successfully accomplished. But we must be mindful that the teachings so exactly laid down by Hahnemann are not disregarded and lost sight of, as it is unfortunately done by some physicians at the present time. The adoption of the true principles of Homœopathy, at the last meeting of Homœopathic physicians at Leipsic,* was a timely measure.

One of the deviations from the only true path in the practice of Homœopathy must absolutely be avoided. *It is the unwarranted frequent changing of remedies;* which is only then admissible when an essential change of symptoms, or anything in the nature and the seat of disease occurs. Whoever is guilty of this sin, betrays his ignorance of the disease and also of the action of his remedies. The conscientious physician would never allow himself, without the most cogent indications, to practice such an unwarrantable change of remedies, because he has implicit confidence in the action of the properly chosen remedy, and allows a change of remedies only when a change of symptoms, nature, &c., of disease, is manifested, or if the apparently adequately chosen medicine does not effect a change or improvement of the affection. But a greater sin against Homœopathy is committed by those physicians, who, almost in every case without sufficient cause, give two or three remedies in alternation, every 2—3 hours. By their so doing, they satisfy every rational physician that they are not acquainted with the action of the medicines, and that they are unwilling, or not capable of

*See December No., 1867, of Observer, page 274.

understanding, that by following such a method, every opportunity to observe the action of medicines in diseases is lost. And again, by this unjustifiable alternation, the result of the treatment will be protracted, independent of the fact, that by such alternating, very frequently the remedies antidote each other, and consequently the action of the remedies upon the disease is null and void. * * * * * * *

It must be obvious to the dullest intellect, that such an irrational therapeutic method, not justified by cogent necessity, does neither benefit science, nor suffering humanity. * * * * It is a prostitution of science and art, by which no one is benefited but our opponents, who sarcastically exult over the Allopathic practice *en miniature*. This must not be so, and must not be allowed in the practice of Homœopathy, and the editors of the Homœopathic periodicals must be earnestly requested not to publish the like therapeutic quackery in the future. The hobby of alternating the remedies, is in its action similar to that of administering two or three remedies at one dose, a procedure proposed and also carried out in practice by some Homœopathic physicians. The folly and imbecility of many physicians of our school, have caused more injury to Homœopathy than all the attacks and persecutions of our Allopathic opponents. It is therefore high time, that admission to the temple of our art be refused to those individuals, that they may find another market for the production of their folly.

The perfection of our healing art is not an easy, but a very severe task, that lays claim upon the intellectual power, and great devotion of all its adherents.

Amongst the Homœopathic physicians in Germany, there are but few who have been prominent in the advancement of science and art; by far the largest number maintain themselves from the hard labor of others. Unfortunately there are more lazy and indolent people, than industrious and active ones, and those favored by nature intellectually, are also fewer than those whose mental capacity never rises above mediocrity.

The mixing together and administering of several remedies at one dose, does not belong to Homœopathy, and the physicians advocating such treatment can not be recognized as Homœopathic physicians. It is well known that Boenninghausen and

Lutze recommended this treatment, but it is also known that they were not scientific, educated physicians, and consequently are deprived of authority. At present, Rapp and Fischer are advocating the same treatment, justifying it by specious reasons, &c. But these gentlemen cannot be considered as Homœopathic physicians, since their treatment makes the genuine Homœopathic healing art impossible.

LIGHT AT LAST.—In Wurtemburg, *im Lande der Schwaben*, of whose inhabitants it is said, that they can't see after 4 o'clock P. M., a law was passed a few months ago, giving Homœopathic physicians the privilege of dispensing their own medicines. The irrepressible conflict, and the spirit of progress are "marching on," even in *Schwabenland.*

A NEW REMEDY.—GONORRHŒA.—Dr. Bresgen, of Breslau, gives his experience in Med. Central Zeit'g, 1867, page 98, with *Kali hypermanganicum*, in the treatment of gonorrhœa. He says, the favorable results which he experienced with *kali hyper.*, in blennorrhœa of the ear, led him to use it in gonorrhœa. His method of application is in the form of a lotion, to be used as an injection. He advises as follows:

Kali hyper., gr. V, ad oz. 1, Aq. distill, to be injected once or twice a day. This method he employs in very recent cases, but the Doctor does not seem to be much in favor of these strong injections, especially as it produces very violent burning pain, and in many cases he had to repeat the injection a number of times. Unpleasant symptoms, an increase of the inflammation of the prostata, or the neck of the bladder, stricture, &c., he has never observed after this formula of injection. The writer prefers a lotion of *Kali hyper.*, gr. j. ad Aq. distill oz. j.; and adds: one succeeds always, and in very old and neglected cases, even more certain, but it may be a few days later. In no case was the discharge arrested, with *one* injection of this solution. At first he ordered three injections per day, but he experienced that twice a day, morning and evening, were really of more benefit, and even one injection a day, or every other day, was followed with good results, in some cases. The number of the injections

and the strength of the solution depend upon how recently and how acute the case comes before us; the more recent the case, the injection should be stronger and less frequent. Then the Doctor never found it necessary to make more than eight injections in a case of the weaker solution, and these, two per day. Previous to the injection, the patient should, as by all similar injections, void urine. After the discharge is arrested, the patient is enjoined to continue plain diet, and drink cold water freely. No reccidiv does occur, if the patient will follow out the dietetic rules, not even the *goutte militaire.* Strictures has the author never observed after the application of this remedy. The author attributes the favorable action of *Kali hyper.*, not so much to the astringent properties of the remedy, as to a specific chemical action upon the tissues.

Dr. Cricco, of Smyrna, says in his letter to the International Homœopathic Congress, that Homœopathy has gained many friends in the Oriental country. During the cholera epidemic of 1865, he lost, at an average, 8 cases out of 100. *Verat.* and *Cupr.* were the remedies from which he observed the most beneficial results. During a very serious epidemic of Diphtheritis, he found *Hepar sulph.* a most potent remedy, and requests that others should make use of it in this disease.

Dr. Gallavardin, in *Homœopathic Klinik,* refers to several cases of Onanism in young children of from 5 to 8 years of age, which were successfully treated with *Sulph.* 30 and 300 respectively.

In our next issue, we will lay before our readers some practical notes from the proceedings of the Homœopathic Society of Silesia.

ERRATA.—In the correspondence from Dr. E. A. Murphy, of New Orleans, in May number, page 105, 9th line from bottom, read 1685, instead of 1865.

The Western Homœopathic Observer.

ST. LOUIS, JUNE—JULY, 1868.

EDITORIAL NOTES.

During my absence in Europe, the *Western Homœopathic Observer* will be placed in competent hands, and will appear regularly. If in my absence I shall chance to see objects which would interest our readers, it is my intention to communicate the same without delay, that they may appear in the columns of our Journal. In the meantime, I bid you all God speed.

WM. TOD HELMUTH.

ST. LOUIS, June 15, 1868.

We publish below the protest of the Medical Faculty of the University of Michigan, and it was our intention to have replied to the silly and unfounded arguments, which are adduced in opposition to the appointment of gentlemen professing Homœopathy to the Chairs of the School, but many things have prevented us; and therefore we turn the matter over to our colaborers, who will do more justice to the work, and give it the time and attention it deserves.

PROTEST OF THE MEDICAL FACULTY AGAINST THE ACTION OF THE REGENTS.

We learn with deep regret the recent action of the State Legislature in attaching the conditions for the appointment of a Professor of Homœopathy to the much needed appropriation recently made for the benefit af the University. Fully appreciating the importance of adding to the pecuniary resources of the institution, we beg most respectfully to present our remon-

strance against such an appointment of Professor, and any recognition of him as one of the Medical Faculty, and accompany it with the following reasons:

First. It will destroy all good discipline in the medical class. It is utterly impossible for the Faculty to control the conduct of a class of over 500 students, or young men of an average age of over twenty-five, assembled in one class, except they are actuated by motives of respect to the professors. A Professor of Homœopathy could never command that respect essential to good discipline. He would be inevitably subjected to such insults from the regular students, as would render it practically impossible for him to continue his lectures, while on the other hand the regular Professors would be equally insulted by the Homœopathic students. Thus strife and ill-feeling would be engendered between the two classes of students that would speedily terminate in uncontrollable riot and disorder. This condition of things is based upon the assumption that the two classes of students assembled in respectable numbers, an assumption which we consider as scarcely warrantable.

Second. It will seriously, if not fatally, reduce the number of students. We are dependent upon the good will and good opinion of the medical profession for our students, as the advice and control of the preceptor is certain to give direction to the student. The medical professors regard the practice of Homœopathy, or any other exclusive system, as a species of dishonest quackery, unworthy of their recognition and support; and any affiliation with or countenance of it, they would regard as dishonorable in the extreme. We could no more command the respect or secure the patronage of the medical profession with such an amalgamation in our Faculty, than a Presbyterian Theological School could secure students in Theology and instruct them in peace and quiet, with a Professor of Mormonism or Infidelity lecturing in its halls as a recognized member of its Faculty.

Third. It would destroy the good name and standing of the Medical College in the country. An affiliation with Homœopathy would be a violation of the code of medical ethics of the American Medical Association, a highly respectable body, representing the sentiment of the profession in this country. This

written code of medical ethics is law unto the profession over the entire Union, and this violation would inevitably lead to the expulsion of the Faculty and the graduates of the institution from every medical association or society in the country. We, the Faculty and graduates, would be outcasts from the profession, and our diplomas would not be worth the parchment upon which they are printed, as passports of admission to the medical profession. Our certificates of attendance would be worthless to the student desirous of attending lectures in another college.

Finally, we feel called upon in duty to ourselves, to the medical profession, and to the department in which we have so long labored with great pride and satisfaction, to express to your honorable board our unqualified conviction that the creation of a chair of Homœopathy in the medical department of the University, and compelling the medical Faculty to associate with the professor on terms of equality, or on any terms, will deprive the department of the support and sympathy of the profession; will cause its professors to be rejected and expelled in disgrace from every medical association or society in the country; will leave it unrecognized among the medical colleges of the world, and most certainly terminate in the complete destruction of the medical college as a regular school of medicine.

If the substitution of a school, held by an old, honorable and highly eclectic profession, as having its origin in a myth and a faction, and as being guided and controlled by principles of dishonorable and disgraceful quackery, for the most flourishing Medical College in the country; if the loss of over five hundred good and earnest students, and fees amounting to over $13,000, is a fair and just equivalent for the $15,000 derived from the State, then the hard and earnest work of seventeen of the best years of our lives, and all the wholesome influences upon the medical profession that have been and are being created, are made a sacrifice by the most hasty, inconsiderate and unconsciously injurious legislative action that has ever been made on the subject of public education.

Respectfully submitted in behalf of the medical Faculty.

SILAS H. DOUGLAS, Dean.

Medical Department, March, 1868.

THE GREAT AMERICAN INSTITUTE OF HOMŒOPATHY.

This body met, for the first time, on the west of the Mississippi, in St. Louis, on the 3d of June. Its session lasted three days, and was marked by great harmony. The reports of the Bureaus were in some instances exceedingly interesting, and of great value, which will render the publication of proceedings very valuable.

Prof. Franklin exhibited a woman from whom he had removed the lower maxillary bone for Osteo Sarcoma, with the most brilliant success.

A pleasure trip on the "Belle of Alton" was given to the Institute and friends—leaving at 4 P. M., and proceeding to Alton, where an hour was given for visiting that city and partaking of the hospitalities of some of its noble citizens; thence down the river, the time sweetly passing away, under the influence of sweet music, sparkling champagne, splendid supper, and the delightful incense of Havana's choice weed.

At the supper, toasts were drank, and much of sparkling wit, of good big thoughts and jeweled truths, were thrown out for the common benefit of all, in response to the toasts. And thus did music, feasting and joy while away the hours till 11½, when the noble steamer returned to her wharf, and the weary members to their rest, carrying with them a deep impression of the occasion and its accompaniments.

All symptoms disappear when walking about—Lach.-tinct.

Bruised pain in all the limbs—Cist.-can., cimicif.

Burning, biting, sticking pains all over the body—Stict.-pul.

Calmness and quietude of the whole system—Asc.-sy., tell.

Convulsive rigidity of the limb—Sang.-can.

Convulsions—Arum.-trip., cimicif., gelsm., phytol., pod.-pel., verat.-vir.

Cramps in the soles of the feet—Apoc.-andr.

Disposition to perspire on slight exertion—Corn.-cir.

Disposition to faint—Dios.-vil., lept.

Emaciation—Asc.-tub., aloes.

Feeling of extreme illness—Aes.-hip., asc.-tub., bapt.-tinct., cact.-grand., cimicif., eup.-perf., gelsm.

Feeling of fear of indefinite fright—Murex.

Feeling of lightness in the body—Gelsm.

Great weakness—Aes.-glab., aes.-hip., apoc.-andr., apoc.-can., asc.-tub-, bapt.-tinct., cact.-grand., caul., cimicif., corn.-cir., dios.-vil., euphorb., eup.-perf., gelsm., hyd., iris., lept., murex, nupr., phytol., pod.-pel., sang.-can., verat.-vir.

Intolerance of pressure—Bapt.-tinct., lith.-carb.

Increase of muscular power—Hel.

Indescribable feeling through the system—Gelsm., bapt.-tinct.

Muscular rigidity—Phytol, verat. vir.

Nearly all the symptoms aggravated by motion—Iris.

Nearly all the symptoms are aggravated by sitting still—Dios.-vil.

No power over any muscle—Gelsm., verat.-vir.

Neuralgia in the perinaeum, in the middle of the night—Phytol.

Numb sensation in the whole body—Asc.-tub.

Pain in all the joints—Cist.-can.

Paralysis of right side—Sang.-can.

Pain goes from within outwards and ends in an itching—Lith.-carb.

Pains in the extremities, in the outer part of the limbs—Phytol.

Pains from above, downwards—Lith.-carb., tell.

Pains in the feet go toward the toes, and in the hands towards the fingers—Lith.-carb.

Pains in the head go from below upward—Lith.-carb.

Pains, first on right then on left side—Lith.-carb., tell.

Pains, worse on left side—Cimicif., lith.-carb.

Pains, on left side before menses, and on the right, after—Lith.-carb.

Pains, first hour aggravated by motion, afterwards relieved by motion—Dios.-vil.

Pricking in the superficial veins—Ham.

Rheumatic pains and soreness all over the body—Asc.-tub., bapt.-tinct.

Relaxation of the system—Asc.-sy., lept.

Soreness and stiffness of the whole body—Cimicif., phytol.

Stiffness of all the joints—Bapt.-tinct.

Spasms of the bowels—Dios.-vil.

Sensitiveness to the cold—Cimicif., rumex., senec.-gracil.

Sensation of numbness in the whole body—Asc.-tub

Sensation of numbness in the left side of body—Xan.

Sensation while walking, as if he went not forward but to the left side—Asc.-tub.

Sensation as if she would faint—Aes.-hip.

Sensation as if he were bent forward towards the left side—Asc.-tub.

Symptoms appear in one arm and the opposite leg at the same time—Asc.-tub.

Sensation of ants running through the whole body—Cist.-can.

Talking is laborious—Lept.

Trembling of the entire system—Bapt.-tinct., cimicif., cist.-can., caul., gelsm.

Throbbing through the whole body—Rumex.

Tingling and pricking sensation over the whole surface—Caul., phytol., stict.-pul., xan.

Twitching of the muscles—Apoc-andr., asc.-tub., cist.-can., phytol., verat.-vir.

Totters when walking—Aes.-hip., aes.-glab.

Note—For the different kinds of Pain, see the headings. "abdomen," "chest," "extremities," &c., &c.

AGGRAVATION.

Morning—Aes.-hip., aloes, asc.-tub., cact.-grand, cimicif., cist.-can., corn.-cir., dios.-vil., eup.-perf., gelsm., hyd., lith.-carb., murex, nupr., phytol., pod.-pel., rumex., sang.-can., tell.

Forenoon—Cimicif., eup.-perf., lith.-carb., murex., phytol., pod.-pel., rumex., tell.

Afternoon—Aloes, cist.-can., cimicif., eup.-perf., lach.-tinct., lith.-carb., phytol., rumex., sang.-can., tell.

Evening—Aloes, asc.-sy., cact.-grand., cimicif., cist.-can., corn.-cir., eup.-perf., gelsm., hyd., iris., lith.-carb., murex., nupr., phytol., pod.-pel., rumex., sang-can., tell.

Night—Aloes, asc.-tub., bapt.-tinct., cact.-grand., cimicif., cist.-can., corn.-cir., dios.-vil., eup.-perf., gelsm., hel., hyd., iris., lach.-tinct., lept., lith.-carb., phytol., pod.-pel., rumex., sang.-can., verat.-vir.

Aggravation on *ascending*—Asc.-tub., corn.-cir., hyd., lith.-carb., pod.-pel.

Aggravation from *beer*—Bapt.-tinct.

Aggravation in *bed*—Cist.-can., lach.-tinct., murex, phytol., sang.-can., tell.

Aggravation from *bending* forward—Corn.-cir., tell.

Aggravation from *bending* to either side—Corn.-cir.

Aggravation from *bending* to right side—Sang.-can.

Aggravation from *bending* shoulders back—Phytol.

Aggravation from *bending* head back—Lach.-tinct.

Aggravation from *chewing*—Aloes, sang.-can.

Aggravation from *chocolate*—Lith.-carb.

Aggravation from *coffee*—Cist.-can.

Aggravation from *coughing*—Hyd., rumex., sang.-can., tell.

Aggravation from *contracting* the muscles—Phytol.

Aggravation on *closing* the eyes—Phytol., stict.-pul.

Aggravation in *cold* air—Tell.

Aggravation in *cold* weather—Aloes.

Aggravation in *cloudy* weather—Aloes.

Aggravation from *drawing* a long breath—Aes.-hip., asc.-tub., bapt.-tinct., cimicif., eup.-perf., phytol., pod.-pel., rumex, sang.-can.

Aggravation in *damp* weather—Phytol.

Aggravation after *drinking*—Pod.-pel., eup.-perf.

Aggravation from *drinking* cold water—Aloes, lept., sang.-can.

Aggravation from *exercise*—Gelsm. pod.-pel., tell. verat.-vir.

Aggravation from *extending* the arm—Phytol.

Aggravation from *exposure* to air—Rumex.

Aggravation after *eating*—Asc.-tub., cist.-can., eup.-perf, lith.-carb., pod.-pel., rumex, sang.can., tell.

Aggravation before *eating*—Cist.-can.

Aggravation while *eating*—Pod.-pel.

Aggravation from *eating* a grape—Aes.-hip.

Aggravation from *eating* sweet things—Sang.-can.

Aggravation from *flatus*—Aes.-hip.

Aggravation from *fruit*—Aes.-hip, cist.-can., lith.-carb.

Aggravation on *inspiration*—Aes.-hip., cimicif.

Aggravation from *laughing*—Asc.-tub., iris, tell.

Aggravation from *looking* up—Sang.-can.

Aggravation from *looking* down—Phytol.

Aggravation from *looking* steadily at an object—Hel., lith.-carb.

Aggravation from *loud* speaking—Asc.-tub.

Aggravation from *lifting*—Sang.-can.

Aggravrtion on *lying* down—Aloes, cist.-can., gelsm., ham., lach.-tinct., lith.-carb., murex, pod.-pel., rumex, tell.

Aggravation from *lying* on right side—Phytol., tell.

Aggravation from *lying* on left side—Cact.-grand, eup.-perf., gelsm., tell.

Aggravation from *lying* on the back—Aloes, pod.-pel. tell.

Aggravation from *lying* quiet—Sang.-can.

Aggravation from *moving* head—Cimicif.

Aggravation from *moving* hands as if triturating—Asc.-tub.

Aggravation on beginning to *move*—Pod.-pel.

Aggravation from *motion*—Aes.-hip, aloes, asc.-tub., bapt.-tinct., cact.-grand., caul., cimicif., cist.-can.,dios.-vil., eup.-perf., gelsm., hel., iris, lith.-carb., phytol., pod.-pel., rumex, sang.-can., tell.

Aggravation from a *miss-step*—Aloes, pod.-pel.

Aggravation from *mental* emotions—Pod.-pel.

Aggravation before *menses*—Lith.-carb.

Aggravation from noise—Bapt.-tinct., cact.-grand., verat.-vir.

Aggravation in the *open air*—Aloes, cact.-grand., cist.-can., eup.-perf., hyd., lach.-tinct., lith.-carb., phytol., pod.-pel., sang.-can., tell.

Aggravation from *pressure*—Aloes, bapt.-tinct,cimicif., gelsm., lith.-carb., phytol., sang.-can., xan.

Aggravation from *picking* the teeth—Sang.-can.

Aggravation on *rising*—Aloes, asc.-tub., lith.-carb., murex.-pod..pel., verat.-vir.

Aggravation on *rising up*—Aloes, cact.-grand., sang.-can., tell.

Aggravation from *reading*—Lith.-carb,, phytol.

Aggravation from *raising* the arm—Iris.

Aggravation from *removing* the cover—Eup.-perf.

Aggravation from *riding* in cold wind—Rumex.

Aggravation from *riding* in a wagon—Lith.-carb.

Aggravation from *rest*—Hyd., lith.-carb.

Aggravation after *stool*—Aes.-hip, hyd., iris, lept., nupr,. pod.-pel., verat.-vir.

Aggravation during *stool*—Asc.-tub., corn.-cir., pod.-pel.

Aggravation from *smoking*—Asc.-tub., gelsm., sang.-can.

Aggravation from *smell* of food—Eup.-perf.

Aggravation on *standing*—Aloes, eup.-perf., lith.-carb., pod-pel., rumex., sang.-can.

Aggravation on *stretching*—Aloes.

Aggravation on *shaking* the head—Corn.-cir., gelsm.

Aggravation from *sneezing*—Hyd.

Aggravation from *scratching*—Lach.-tinct.

Aggravation from *stooping*—Aes.-hip., aloes, corn.-cir., hel., hyd., phytol., sang.-can., tell.

Aggravation from *sitting*—Aloes, cist.-can., dios.-vil., eup-. perf., gelsm., hyd., lith.-carb., murex, phytol., sang-can.

Aggravation from *sitting* up in bed—Tell.

Aggravation from *singing*—Asc.-tub.

Aggravation from a *strong light*—Asc.-tub., cact.-grand., phytol.

Aggravation on *swallowing*—Aes.-hip., cimicif., hyd., lith.-carb., phytol., rumex., sang.-can., tell.

Aggravation on *swallowing* liquids—Pod.-pel.

Aggravation from *turning* the eyes.Stict.-pul.

Aggravation from *turning* the body—Sang.-can.

Aggravation from *turning* over—Bapt.-tinct., sang.-can.

Aggravation from *turning* the head to the left side—Phytol

Aggravation from *turning* the head quickly—Lach.-tinct.: sang.-can., verat vir.

Aggravation from *talking*—Aes.-hip., cact.-grand., cimicif.

Aggravation from *thinking* of himself—Hyd.

Aggravation from *touching* the part—Aloes, cact.-grand., cist.-can., ham., lach.-tinct., phytol., pod.-pel., sang.-can., tell.

Aggravation after *urination*—Lith.-carb.

Aggravation during *urination*—Lith.-carb.

Aggravation on beginning to urinate—Iris.

Aggravation from *warmth*—Aloes.

Aggravation from *warm* drinks—Verat.-vir.

Aggravation in a *warm* room—Aloes, hyd., lith.-carb.

Aggravation from *writing*—Aloes, cist.-can., lith.-carb., phytol.

Aggravation from *walking*—Aes.-hip., aloes, asc.-tub., corn.-cir., cist.-can., dios.-vil., eup.-perf., gelsm., lach.-tinct., lept., lith.-carb., nupr., phytol., pod.-pel., rumex., tell., verat.-vir.

Aggravation from *walking* on uneven ground—Pod.-pel.

Aggravation *when* stepping from a high step to the ground—Phytol.

AMELIORATION.

Amelioration after *breakfast*—Phytol.

Amelioration from *bending* the head back—Cact.-grand.-murex.

Amelioration from *bending* forward—Asc.-tub., iris, pod., pel., sang.-can.

Amelioration from *cold applications*—Aloes.

Amelioration from *conversation*—Eup.-perf.

Amelioration after *coughing*—Iris.

Amelioration from *discharge* of flatus—Iris., phytol., rumex. sang.-can., tell.

Amelioration while *eating*—Lith.-carb.

Amelioration after *eating*—Aes.-hip.

Amelioration from *external warmth*—Aes.-hip., pod.

Amelioration from *excitement*—Bapt.-tinct.

Amelioration from *eructation*—Hel.

Amelioration from *inspiration* of cool air—Sang.-can.

Amelioration from *lying* down—Asc.-tub., verat.-vir.

Amelioration from *lying* on left side—Sang.-can., tell.

Amelioration from *lying* on the back—Tell.

Amelioration from *motion*—Aloes, dios.-vil., gelsm., lith.-carb.

Amelioration from continued *motion*—Iris.

Amelioration in the *open air*—Aloes, asc.-tub., cimicif., cist.-can., hyd., lith.-carb., nupr., tell.

Amelioration from *pressure*—Aloes, cact.-grand., eup.-perf., hyd., lith.-carb., pod.-pel., sang.-can.

Amelioration from *pressing* the finger in the ear—Lach.-tinct,

Amelioration on *rising*—Eup.-perf., phytol.

Amelioration on *raising* the part—Cact.-grand.

Amelioration from *rest*—Bapt. tinct., cimicif., iris, lith.-carb. rumex., verat.-vir.

Amelioration from *stretching*—Aloes.

Amelioration from *sitting* down—Collin.-can., gelsm.

Amelioration from *sitting* up in bed—Lith.-carb., sang.-can.

Amelioration after *stool*—Cimicif., corn.-cir., gelsm., lept.

Amelioration when *sitting*, reclining the head on a high pillow—Gelsm.

Amelioration during *urination*—Gelsm.

Amelioration after *urination*—Lith.-carb.

Amelioration from *walking*—Aloes, lach.-tinct., murex., sang. can.

Amelioration from *walking* erect—Sang.-can.

Amelioration from a *warm* foot bath—Asc.-tub.

Amelioration from *warm* drinks—Sang.-can.

Amelioration in *warm* weather—Aloes.

LONGINGS FOR

Apples—Tell.

Bread—Aloes.

Fruit—Aloes.

Juicy food—Aloes, tell.

Sour things—Pod.-pel., corn.-cir.

Beer—Aloes, tell.

Cold drinks—Corn.cir., eup.-perf.

Ice cream—Eup.-perf.

AVERSION TO

Butter—Sang.-can.

Walking in the wind—Aloes.

Smell of syrup—Sang.-can.

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Surgery.

AMPUTATIONS AT THE HIP JOINT. HISTORICAL SUMMARY.

FROM THE SURGEON GENERAL'S CIRCULAR, NO. 7.

(Continued from Page 135.)

The third successful amputation at the hip joint in military surgery, was performed by Guthric, on July 7, 1815, at Brussels, on the French soldier, Francois Dugent, wounded at the battle of Waterloo. This man was living at the Hotel des Invalides in 1836.

On August 15, 1815, Mr. Blicke performed the operation at Antwerp, on a soldier with osteomyelitis of the femur, produced by a contusion from a musket ball received at Waterloo. The patient survived eight days.

Alcock relates that he was informed by Dr. Belmunt, that an accomplished Spanish surgeon, educated at Barcelona, had twice amputated at the hip joint during the Peninsular war, and once with success.

For the next twelve years, peace was maintained in Europe, and no instances are recorded of amputation at the hip joint for gunshot injury.

In May, 1827, during the siege of Athens by the Turks, Dr. Bryce, who accompanied Lord Cochrane to Greece, reports that he amputated at the hip joint in the case of a soldier whose femur was badly shattered by a six pound cannon ball. There had been copious hemorrhage, yet the patient is said to have recovered rapidly, and to have been seen six weeks subsequently at Paros, by the operator, perfectly cured. The history of this case is traced for so short a period, that it cannot be regarded as an authentic example of recovery.

On July 20, 1830, P. J. Roux performed the operation without success, on a Swiss subaltern, wounded in the Revolution, in Paris. In November 10, of the same year, Dr. Clot Bey had an unsuccessful secondary operation at Marseilles.

In 1841, Demme, the elder, performed the operation three times during the campaign in Poland. These were all unsuccessful intermediate amputations for gunshot fracture of the femur. In the same campaign, M. Sédillot had an unsuccessful primary operation.

In 1832, at the siege of the citadel of Antwerp, Letuelle performed the operation primarily, on an artilleryman whose left thigh was badly shattered by a cannon ball. The patient survived nine days.

Amputation at the hip joint, for gunshot injury, was performed at least eight times in the campaigns of the French in Algeria, from 1836 to 1840. Twice by Huton, unsuccessfully. Five times, primarily and unsuccessfully, by Guyon, Bertherand and others. Once, successfully, by Bandeus, being the fourth authentic instance of the successful performance of the operation in military surgery.

About this time, Wodemeyer had a successful intermediate operation, and a primary operation which resulted fatally. Three fatal primary operations were recorded by Jubiot; and Sir Benjamin Brodie operated unsuccessfully in a case of accidental gunshot fracture of the femur.

In the war between the United States and Mexico, in 1846 and 1847, there were no amputations at the hip joint.

In the insurrection in Paris, in June, 1848, amputation at the hip joint was performed for gunshot injury five times by Richet, Bandeus, Vidal, Robert, and M. P. Guersant. Richet's was a

primary, the others were intermediate cases; all terminated fatally.

During the war in Schleswig-Holstein, in 1848 and 1849, this operation was performed seven times: five times in 1848 and twice in 1849. Five of the operations were done by Dr. B. Langenbeck, and one of his patients, a youth of seventeen, recovered. In 1848, after the riot in Astor Place, New York, an amputation at the hip joint was performed at the New York Hospital, for a gun-shot fracture of the neck of the femur by a musket ball, the patient surviving the operation two days. This was the first instance in which the operation was practiced in this country for gun-shot injury.

In the war in the Punjaub, in 1848 and 1849, three primary amputations at the hip-joint were performed for cannon-shot wounds, involving extensive lacerations of the thigh, with comminuted fracture of the femur. Dr. James McRae states that the patients died—one in six, one in twelve, and one in thirty-six hours from shock. In 1853, two amputations at the hip joint for gun-shot injury were performed at Rangoon, in India. One, a primary operation, was done on February 16th, by Dr. J. Fayrer; the patient survived one month. The other was done by Dr. Beatson, six days after the reception of the injury; the patient, a man of sixty-one years, died from the shock of the operation.

In 1854, and the following year, in the war in the Crimea, this operation was performed not less than forty-four times; twice in the Sardinian, eight times in the Russian, fourteen in the British, and twenty in the French army. Porta mentions that the operations in the Piedmontese army resulted fatally. Pingoff operated in the eight cases in the Russian Army. He describes his patients as in almost every instance anæmic, and unfit to undergo so grave a mutilation. Two survived five days; the others perished within two or three days. All of the operations in the English army were primary. Five were performed after Alma, Balaclava, and Inkermann. The Director-General, Thomas Alexander, did two of these operations. His patients lived to reach Scutari; one, a man of the thirty-third regiment, survived three weeks, and the other, a Russian prisoner, lived a month. Dr. Richard McKenzie operated in anoth-

er of these cases, and Assistant Surgeon Wyatt in a fourth. Nine operations were performed during the siege of Sebastapol. Two of the patients were officers, and seven enlisted men. All of these cases ended fatally. Of the twenty amputations at the hip joint in the French army, twelve were done in the Crimea, and eight at the hospitals of the Bosphorus. Five primary and eight intermediate or nearly secondary amputations were reported by the operators, M. M. Paulet, Lustreman, Thomas, Persin, Mounier, Legonest, Larivière, Mauger, and Salleron. Such particulars of these thirteen operations as could be collected are presented in the tables in another part of this report. Besides them, seven primary coxofemoral amputations were done by the French surgeons in the Crimea, of which no memoranda were made. Three of these were performed during or after the battle of the Alma, September 20, 1854, and three at Inkermann, November 5, 1854. None of these patients survived the operation twenty-four hours, and, consequently, says M. Chenn, their names were not inscribed on the register of the field hospitals; and it is not known whether they were French soldiers or Russian prisoners.

The Italian war of 1859 was the occasion of at least nine amputations at the hip joint, for gunshot injury, or the complications thereon. A primary operation after the battle of Palestro, by the French surgeon Bertherand, on an Austrian soldier, whose left thigh was shattered by a shell, terminated fatally in three hours. In two primary operations reported by Demme, death resulted from hemorrhage during the operation. In two other cases, the patients survived the shock of the operation but a short time. A secondary operation, by Isnard, at a hospital at Brescia, succeeded, and the patient was able to go about on an artificial limb. Neudörfer also had a successful secondary operation at the Santo Spirito Hospital, at Verona. Two patients who were sent to Toulon, were operated on by M. Jules Roux, and M. Arland, about six months after the reception of the injury in each case, and both recovered,

Two unsuccessful primary amputations at the hip joint, on acconnt of gunshot fractures in the French naval service, during the Crimean or Italian wars. The exact dates of these operations are not recorded.

Setting aside the doubtful or unauthenticated cases of Blandin, Perret, Wendelstaedt, Krimer, Alcock, and Bryce, there have been enumerated in the foregoing summary one hundred and eight amputations at the hip joiut, performed on account of gunshot injuries, or their consequent lesions. Admitting Larrey's case at Borodino to have been successful, the recoveries were ten in number—one after a primary, four after intermediate, and five after secondary operations—a per centage of mortality of 91.66.

Except in the references to the cases of Kear, and the alleged cases of Lacroix, Perault, and Thomson, introduced in tracing the early history of this operation, notice has only been taken, in the preceding retrospect, of examples of the operation occurring in the domain of military surgery. Yet the results of the amputations at the hip joint, done in civil practice, especially for such as were performed on account of injury, unquestionably exerted much influence upon the minds of military surgeons in their estimate of the operation. The cases recorded in civil surgery are as numerous as those occasioned by the accidents of war. The French boast of eight successes in civil practice, by Mulder, Delpech, M. Sèdillot, Hènot, M. Guersant, Foullioy, and M. Jules Roux, and lament fifteen failures, by Baffos, Pelletau, Dupuytreu, Blandin, Gensoul. Delpech, Gerdy, M. Velpeau, and M. Jules Roux.

The German surgeons, if all their unsuccessful cases are reported, have been more fortunate. The successes outnumber the reverses. In thirteen operations, Jaeger, Hysern, Textor, and Heyfelder, three; while Von Walther, Graefe, Dieffenbach, in two cases, and Heyfelder, also in two, endured the mortification of failure.

Four amputations at the hip joint for disease, by the Polish surgeons Peliken, Korseniuoski, and Porcieuko, resulted fatally.

In the annals of British civil surgery, not less than forty-seven of these operations are recorded, with sixteen recoveries. The successful operators were A. Cooper, Orton, Mayo, Macfarlane, Mr. Syme, Mr. Cox, Mr. Wigstrum, Mr. Whipple, Mr. Humphrey, Mr. Tatum, Mr. Gamgee, Mr. Hancock, Mr. Holmes, Mr. Lee, and Mr. Godfray. In four of the thigh had previously been amputated in the continuity. In one case, in a child of

two years, the operation was done on account of injuries; in the remainder, for disease.

In the thirty-one unsuccessful operations, the operators were Kear, A. Cooper, Brownlow, Bromfield, Carmichael, M. Syme, Liston, Smith, Handyside, Mr. Jones, Mr. Hancock, Dr. R. J. Mackenzie, Mr. C. Guthric, Mr. Wheatcroft, Mr. Adams, Mr. Enrichsen, Stanley, Mr. Lane, Badley, Mr. Butcher, Mr. Young, M. Wells, Mr. Swain, and Mr. Curling.

In American civil practice, twenty-four examples of amputation at the hip joint are recorded. Fifteen successful cases are reported; so large a preponderance as to lead to the suspicion that all the unfortunate cases have not been published. The operators in the successful cases were Brashear, Mott, Duffee, Dr. Van Buren, Dr. May, Dr. Bradbury, Dr. Potter, Dr. Blackman, Dr. J. Mason Warren, Dr. Buchanan, Dr. Pancoast, and Dr. Gross.

In the nine unsuccessful cases, the operators were Brainard, Buel, Clark, Dr. Van Buren, Dr. J. Mason Warren, Dr. Hachenburg, and Dr. Hewson.

Of the one hundred and eleven amputations at the hip joint in civil practice here recorded, forty-six succeeded, and seventy-five ended fatally: a mortality of 58.56.

All of the facts here recapitulated were not known to our surgeons at the commencement of the war of the rebellion. Some of them, indeed, have transpired during its progress, or since its termination. But a large proportion of them were well known, and the conclusions deduced from these were not materially modified by the additional cases. It was considered well established, that in amputation at the hip joint for chronic disease, the mortality was less than in several other major operations in surgery; that the mortality had lessened since the introduction of anæsthetics, had furnished the means of diminishing the shock of the operation; and it was hoped that the methods recently proposed for controlling the circulation in the thigh by compressing the aorta, might remove another of the great dangers of the operation. It was admitted that, in cases of injury, the results of the operation were very unsatisfactory, and the experience reported from the Crimean war had led to

the conviction that, in military surgery, the results were especially discouraging and deplorable.

With such impressions, few of the practitioners who engaged in the surgery of the war looked forward to such exigencies as might require amputations at the hip joint with hopeful anticipations. Many believed that as patients with terrible gunshot injuries of the upper part of the thigh often lingered for a long period, it was more humane to abandon them to inevitable death than to subject them to a mutilation which was so rarely successful, and such practitioners were willing that the operation should be discarded altogether from military practice. The majority contended that the results had not been so hopeless as to lead us to abandon the operation. Dr. Chisolm, who prepared a manual of military surgery for the use of the Southern medical officers, observed: "an unfortunate ambition—we might even use a stronger term for it—a criminal desire, to have an amputation at the hip joint in the list of operations performed, which misleads many surgeons to perform this disarticulation, when their better judgment teaches them that it must be a useless mutilation." But manifestations of this criminal spirit were certainly uncommon, for the great body of surgeons were earnestly and conscientiously seeking for the best solution of the grave problem of how to deal with the severer gunshot injuries of the upper part of the thigh. There was a disposition on the part of the leading surgeons to give conservative surgery a fair trial, and the operation of excision of the upper extremity of the femur in such cases as had formerly been treated by extirpation of the the thigh, was advocated by many.

Original Articles.

A FASHIONABLE REMEDY.

BY ED. A. MURPHY, M. D., NEW ORLEANS, LA.

If the world is still waiting for a scientific argument to be offered against homœopathy, it is not in want of vulgar "com-

parisons" from the majority of the "Regulars." And why cannot homœopathy be refuted by scientific arguments? Merely because it is founded on truth, thereby defying falsehood to touch it, even when decorated with the finest flowers of rhetoric. But if the enlightened portion of the world is still waiting for the long promised scientific refutation, the less enlightened portion is being stuffed with jokes which are too simple and foolish to be mentioned. The homœopathic physician is stigmatized as being no surgeon, of knowing nothing of Obstetrics; and even now, some persons seem to be entirely taken by surprise when they hear that a homœopathic physician has performed a surgical operation with good result.

If blunders have been committed by surgeons of our school, I am not aware of them; but they certainly were not made by one who had the honor of wearing the mantle of a professor; neither were they as great as the following:

It appears that Dr. Wm. Warren Greene, Professor of Surgery in Berkshire Medical College, the Medical School of Maine, and in the University of Michigan, has performed successfully the operation of Cæsarean Section, *i. e.*, mother and child were saved. Undoubtedly the patient and her relatives look upon him as a savior, aud in a few years to come, the child itself will be taught to consider him as being the author of its birth. To this I have no objection, only I wish to ask how is it that the attending physician, Dr. D. N. Emery, waited so long before sending for counsel? Did he examine the patient *per vaginam*, and if so, did he not discover the pelvic deformity, and if he did, why have waited until she "showed marked symptoms of exhaustion," before making up his mind that he required *advice?*

Dr. Greene, in his article, says: "Her pains were strong and frequent, and she began to exhibit marked symptoms of exhaustion." In another paragraph he says: "The patient took a full dose of fluid extract of ergot, with a little brandy." For having waited until exhaustion had set in before operating, Dr. Emery is, I think, the only one to be blamed; but to have given secale cornutum when pains were strong and frequent, causing exhaustion, I blame every physician who was present.

Secale is given, *allopathically*, to increase uterine contraction

when they are weak, also to rouse those that have been checked by any cause whatever; on the other hand it is administered when, after delivery, there is hemorrhage, owing to a want of uterine energy. These two indications will suffice for the present. But when there is a pelvic deformity, such as not to allow the fœtus to pass from the uterus into the vagina, and thence into the world, ergot is not indicated; on the contrary, it should be avoided. In the case referred to, not only was there a deformity of the pelvis, but what is more, there were marked signs of exhaustion.

The Surgeon, Obstetrician, or *Medicin physiologiste*, consequently, will ask: Why, then, was ergot given? as it only could offer the disadvantage of weakening the lady still more by increasing the action of the uterus, thereby rendering the success of the operation doubtful. Had the gentlemen forgotten that the first thing to be done before undertaking a serious operation, is to place the patient in the most favorable circumstances, and to avoid anything that can cause exhaustion?

But the gentleman says: "Unquestionably, the ergot had fulfilled the indication for which it was given, namely: to control hemorrhage and assure apposition of the cut edges, by its action upon the uterine muscular fibres."

I must confess that the excuse is rather a lame one. Have we, surgeons, not more appropriate means to resort to; such as will not weaken the patient, and at the same time answer all other purposes?

And what was it that made him fear uterine hemorrhage when contractions were so strong and regular? Were her antecedents subject to such, and did he anticipate that she had inherited the same? or was he in hopes that the combined action of ergot, with the strong contractions of the uterus, would cause the rupture of the organ, thereby saving him the trouble of cutting through it—or was it given, simply because —ergot must be given, as it is a *fashionable* remedy in cases of confinement? I cannot help condemning the proceedings, and I certainly do not compliment the operator on the success of the operation. It is one of those cases that we often read of, but very seldom meet with. The recuperating powers of nature were, in this case, the only thing that saved the mother.

Translated Articles.

TREATMENT AND CURE OF EMPYEMA.

(*Com. by Dr. Allenbach, of Utroept, to the Allg. Hom. Zeit'g, Vol.*76, *P.*20.)

The son of Mr. Buger, of Leyden, was taken sick in January, '64. The family physician (allopathic) diagnosed *Pleuritis*, and treated the patient *lege artis*, with leeches, cupping, &c. The patient continued worse during the next four days, and Dr. Schrand, Prof. of Therapeutics at the University, was called in consultation, who approved of the treatment, and merely ordered two blisters, one upon the entire left side of the chest, and the other upon the spine. The violent fever was somewhat subdued, but no real improvement followed in the other symptoms, and after three weeks treatment, both physicians pronounced the disease Empyema, and declared that the pus had to be removed from the chest by an operation, &c., unless the boy would die.

On February 8th following, the father of the patient came to Dr. Kallenbach, handing him a paper, saying his physicians had written the name of the disease upon it: "*Empyema profusum post pleuritiden,*" and inquired whether anything could be done yet, adding that the patient and his mother refused to comply to an operation. Dr. K. was at first doubtful about the case, but finally sent a prescription as follows: He gave 20 powders of a fresh trituration of Hep. sulph. calc. (1 grain of crude substance to 1 drm. of rice flour) each powder containing 3 grains of the trituration, and 6 grs. of rice flour; a powder to be taken every six hours; also ordered mucilaginous food, bauillon, finely cut up beef, light vegetables, and for a drink—cold water. All other means to be discontinued, to remove the blisters, plasters, and dress the blisters with unsalted butter. The Doctor remarked to the father, that if the remedy was the proper one, the patient would feel better after 24 hours, and under these favorable circumstances the powders should be continued, and in three days information should be sent, but if, on the contrary, the patient was not better in that period, he

could not continue the treatment, and advised them, by all means, to follow the directions of Prof. Schrand.

On the same day, Mr. B. arrived home per steam cars, and began the treatment. The attending physicians were requested to defer the operation for eight days, to allow a trial of the homœopathic powder. After the patient had taken 3 powders, he assured them he was better, and added that those powders would cure him. On the 4th day, the chills and fever were arrested, and cough less; and on the 7th day the patient was able to leave his bed for the first time.

When the physicians made their appearance on the appointed day, to perform the operation, they found the boy—free from fever—sitting at the table discussing a hearty breakfast. Prof. S. examined the chest carefully and declared that the operation was not necessary, and the patient was fully convalescent, but added, the whole matter was a mystery to him. The family physician, however gave it as his opinion that the pus had collected itself somewhere else, and a more serious disease would yet be the result.

Eight days after Dr. K. had occasion to visit Leyden, and as the case was of great interest to him, called upon his patient. The boy appeared somewhat exhausted, complained of nothing else, except a slight cough now and then. On a close examination of the chest, it appeared to him as if the left side of it was less prominent than the right one, yet the difference was trifling.

During the following October—six months later—Dr. K. saw the boy at *Utrecht*, enjoying perfect health, running like other boys of his age, and not the least signs of any respiratory difficulty could be observed. Dr. K. closes with the following remarks:

Some doubts may be raised as to the certain diagnosis of the case, since he had not seen the patient himself; but he consoles himself with the fact, that Prof. Schrand was at that time the first Therapeutist in Holland; and in a disease like Pleuritis, which in itself is readily recognized, and can be, with undoubted certainty, diagnosed, per physical examination, the opinion of Prof. S. commands as much confidence as his. It is remarkable to observe that this case, in its course and result of cure,

exactly resembles the case which Dr. Gross related in *Muller's Vierteljahrschrift, Bd.* 9, *P.* 361, 1858.

The reason why Dr. K. employed rice flour in place of sugar of milk, is on account of the moist climate of Holland.

PRACTICAL NOTES.

LEUCORRHŒA.—Dr. Gondy cites several cases where he used *Asperula odorata.*

(*A*) In the month of June, 1866, Mrs. A. called for his advice; she is 40 years of age, and complained of nothing but the Leucorrhœa, which caused emaciation. She can't walk, and has no sleep. The discharge is very corroding, vulva and thighs greatly inflamed. For eight months she was under allopathic treatment, taking Iron in various preparations, sitz baths, astringent injections, &c., but of no avail. Dr. G. prescribed *Asper. odor. o.* 20 drops to 2 do grammes water; daily, 4 spoonsfull, and ordered tepid bathing of affected parts. The improvement followed so rapidly, that on the fifth day there was scarcely any discharge, no pain, able to walk a little, sleep and appetitè very good. He gave now 6 drops of 6 Sil. in 2 do grammes of water; every 2 hours a spoonfull was ordered; on the third day patient had no discharge, and since that time no return of it.

(*B*) Mrs. V., 43 years of age, enjoys good health; had treated her formerly for Subacute Blepharo-conjunctivitis, upon which a very excessive Leucorrhœa followed, the discharge is corroding and fœtid. Four doses of *Asper. odor.*, night and morning a dose, removed the difficulty.

Dr. G. adds: Although he could cite more cases where *Asper.* was successful, yet he would not depend upon it in cases where the uterine tissues were affected, or where the flour alb. depended upon proceeded parturition. In such cases *Puls.* and *Sepia* are of more benefit. He also says, that the indications for this remedy are not made sufficiently apparent through his observations. And again, that the tincture of *Asper,* produces always more transient results, and that the *infinitesimal* doses are followed by rapid and permanent results—cures.—*Le Dispens. Hahn., Aug.* 15, 1867.

DIABETIS.—*Magnesia Sulph.*—A gardener, aged 50 years, had, four years ago, several attacks of an intermittent tertiana, which always were controlled by the use of quinine. Some time after, he suffered from a diarrhœa, which continued for a month; from this period on, the urine increased considerably in quantity, and patient grew from day to day weaker, and emaciated. There was, at the same time, on various parts of the body, a small herpetic eruption developed. The writer satisfied himself of the presence of sugar in the urine, and ordered *Mag. sulph.* 10 grammes per day. After 15 days treatment, the patient observed a gradual increase of strength, and a decrease in the quantity of the urine, as also a considerable improvement in the eruption. Encouraged by this good result, the dose was now increased to 18 grammes per die. The progressive cure was now very perceptible, so that, after four months from the commencement of the treatment—during which time patient took 1500 grammes of *Mag. sulph.*—the diabetis had entirely disappeared.—*Dr. Valvasorin, Med. Centr. Z't'g*, 1867.

PRACTICAL NOTES.

From the proceedings of the Homœopathic Medical Society of Silesia.

Acid. Muriat., 5 drops to ⅜ oz. of syrup, Rad. æthæac, is recommended by Dr. Labethal, as a mouth wash in aphthæ. Dr. Schweikert finds the same remedy very beneficial as a local application in Diphtheritis.

Acid. Nitr., is recommended by Dr. Labethal, as a salve, with grease-fat, for chilblains.

Argent. Nitr., has been found of great benefit, when applied locally (½, ¼ gross to ¾ oz. asraater) in blennorrhœa ophthalmia, by Dr. Sauer. Dr. L. finds this remedy, mixed with milk, of great value in otorrhœa and inflammation of the ear. He also speaks of the great benefit derived from this remedy in the said form, in catarrhal affections of the mucous membrane of all kinds, especially of the vagina, by means of injections.

Aurum Mur. Natronat., is recommended by Dr. L. in lotions of ¼ or ⅛ gross to 3 oz. of cist. water, as a wash in herpetic and psoric imflammations of the nasal alæ; also in carious affections

Hydrargyrum amidato-bichlorat. (1 grain to 2 drms. fat or butter) is recommended by Dr. Sauer in Blepharitis ciliaris, applied by rubbing in; also *Hydrar. jod. flavum* 1—6 grains to 2 drms. of Adeps snillus in Trachama chromicum. Other members suggested chilidan internally in this affection.

Natrum muriat. is frequently used in the homœopathic practice, as a local application in various forms. It is recommended by some that a strong solution of salt and water is of great benefit in chronic inflammation of the ovaries, also of the joints, the various affections of the larynx, &c.

Petroleum. locally for chillblains; for burns of minor grade, mixed either with water or oil; also found successful in Rhagus, when not of syphilitic nature.

Phosphor, Dr. S. recommended a liniment of a few drops of Phos. 1 seil. mixed with olive oil, in nervous or chronic rheumatism, in persons of weak constitutions. In accordance with his experience, the vapor of phosphor 1 seil.—10—15 drops in a saucer of tepid water, passed before the eyes once or twice per day, will prevent the development of cataracts, caused by congestion. Dr. S. related a case of croup, in the highest degree of development, cured by Dr. Vehesemeyer, by means of rubbing the throat with phosphor oil. Dr. S. makes use of phosphor 1. oil (a few drops with almond oil) in chronic deafness, caused by habitual congestion, with dryness of the auditory; he drops daily, once or twice, a few drops in the ear.

Sulphur, externally, was acknowledged as the most important remedy in itch.

Thuja is recommended by all members, besides its internal ones, as indispensable as a local agent in Condylomas; much relief follows the application of Thuja tinct. to gouty places, if there is no inflammation.

Tartar stibi., in a weak solution, is excellent to remove acne of the forehead.

Selected.

THE HOMŒOPATHIC HOSPITAL—Second Annual Meeting of Corporators—Election of Trustees.

[*From Pittsburgh Evening Chronicle.*]

Second annual meeting of the contributors to the Homœopathic Hospital, on Second Street, was held yesterday afternoon, at three o'clock.

The meeting organized by calling Major Wm. Frew to preside, and Dr. J. C. Burgher to act as Secretary.

The report of the President, Hon. Wilson McCandless, was not submitted, owing to his necessary absence from the city.

From the report of the Executive Committee, submitted by Dr. Cote, we learn the following facts in relation to the operations and financial condition of the institution. The estimated value of the real and personal property is about $45,000, the last payment upon which has been made by effecting a loan from Major Frew of $15,000, upon very favorable terms to the institution. The interest on this loan is fully provided for by rents from that portion of the property not occupied for hospital purposes. The Hospital has been put in complete repair, and furnished throughout for the accommodation of thirty-eight patients, besides employees. The receipts from all sources during the year were $30,140 64. The expenditures were $29,634 19, leaving a balance in the Treasury of $501,45. The total amount realized since the hospital was organized is about $50,000. During the past twenty months there have been admitted and maintained 256 patients, and 2,504 prescriptions have been issued from the dispensary department, gratuitously to the poor of the city and vicinity. There have been 162 patients admitted during the past year with a mortality of less than seven per cent. More than two-thirds were charity patients. The library has received large additions, donations having been made by Mr. J. G. Siebeneck, J. G. Backofen & Son, Major Cassell, and others.

Auxiliary to the Hospital is the Ladies' Homœopathic Charitable Association, organized a short time after the hospital was opened, and contributing largely to its success. The Society have bought from the Hospital two free beds at a cost of 1,000 each, and maintained an average of fourteen charity patients at three dollars per week. Its Executive Committee meets weekly, to take action on the admission and discharge of charity patients. There is also a committée who visit the Hospital twice a week to enquire into the comforts and necessities of the inmates. By their Fair last December, they realized the handsome sum of $7,297.

Major William Frew and James B. Murray, Esq., were on motion declared Trustees for life, by reasons of benefactions of $1,000 each. This necessitated the election of two trustees to fill their unexpired term.

The election was then held, and resulted in the choice of Mr. George Porter and Dr. J. H. McClelland, Jr.

The following named gentlemen were elected Trustees for three years. George Bingham, Esq., T. S. Blair, Henry Higby, James A. Hutchinson, W. T. Shannon, W. A. Herron, W. K. Nimick, W. K. Burke.

The board of trustees organized by electing Hon. Wilson McCandless President, Major Frew, First Vice President, Capt. William Metcalf, Second Vice President; Treasurer, George Bingham, Esq.; Librarian, Major J. M. Knap, Secretary, Dr. J. C. Burgher.

Executive Committee—Hon. Wilson McCandless, Major Frew, William Metcalf, Dr. J. C. Cote, Edwin Miles, Dr. Burgher, Captain James Boyd, J. H. McClelland, Jr.

THE STOMACH AND THE MIND.—Much of our conduct depends, no doubt, upon the character of the food we eat. Perhaps, indeed, the nature of our meals governs the nature of our impulses more than we are inclined to admit, because none of us relish well the abandonment of our idea of free agency. Bonaparte used to attribute the loss of one of his battles to a poor dinner, which, at the time, disturbed his digestion. How many of our misjudgments—how many of our deliberate errors—how

many of our unkindnesses, our cruelties, our acts of thoughtlessness and recklessness, may be actually owing to a cause of the same character? We eat something that deranges the condition of the system. Through the stomachic nerve that derangement immediately affects the brain. Moroseness succeeds amiability, and under its influence we do that which would shake our sensibility at any other moment; or, perhaps, a gastric irregularity is the common result of an over-indulgence in wholesome food, or a moderate indulgence in unsuitable food. The liver is affected. In this affliction the brain profoundly sympathizes. The temper is soured; the understanding is narrowed; prejudices are strengthened; generous impulses are subdued; selfishness originated by physical disturbances which perpetually distract the mind's attention, becomes a chronic mental disorder; the feeling of charity dies out; we live for ourselves alone; we have no cares for others. And all this change of nature is the consequence of an injudicious diet.—*Boston Journal of Chemistry.*

Notices.

Homœopathic Medical College of Missouri.—The Homœopathic Medical College of Missouri has become one of the institutions of our city which promises to do good work in the cause of suffering humanity. The Macedonian cry "Come over and help us!" is borne on almost every train, by nearly every mail. The rapid advancement in public estimation of the great truth and beneficence of Homœopathy, creates a demand for physicians which *all* of *our* colleges cannot supply. From the North, the West, and the South, the call is loud and continuous.

We can only say to our friends, be patient; the rapidly increasing prosperity of our colleges will enable us every year to fill some of those demands and thus discharge our duty to the public and to suffering humanity, and if our class increases in the same ratio as it has done for the last three years, then we may reasonably hope that in five years all the vacancies can be supplied as fast as they are made.

We congratulate the friends of progress, of science, and of Homœopathy, that here, in the centre of our great country, we have an institution which is annually distributing its graduates and blessings in every direction, not only over our continent, but through Europe and into Asia. T.

DIX HOMŒOPATHIC MEDICAL COLLEGE FOR THE EDUCATION OF WOMEN.—The encouragement which the Faculty and Trustees of this institution have received from the profession as well as the city since its establishment, is a sign of its success, permanency, and due appreciation. Congratulatory communications and letters of inquiry are being constantly received from all parts of the West, and the list of matriculants is gradually increasing, evincing the number of attendants at the coming session to be beyond the expectations of the most sanguine of its friends. Preparations for a thorough and complete course have been made, improvements and additions for illustration of the lectures in the different branches are being added to the already acquired apparatus, and the facilities for clinical instruction occupy not the least position in the list of inducements to those who purpose attending a medical college and wish to obtain a thorough medical education. The corps of professors of which it can boast are well known to the Homœopathic profession as men of integrity and understanding, and whose knowledge of the science of medicine and surgery, and aptness for teaching, are of world-wide renown. It is the determination of its friends to make this one of the leading institutions in the land, and to this end efforts are bent, and energies applied, and thus far with unexpectedly good results. The prospects are bright indeed, and we predict for it a glorious future. All the different branches comprised in a medical education will be taught by able teachers, and the *collaterals* will in nowise be left out of the curriculum of studies.

NOTICE.—For the benefit of students who may desire a more extended course of dissections, we would state that a dissecting class will be formed in our college, under Prof. Parsons, on the 15th of September and continue until the close of the term. Those desiring can perform all their dissections before the regular course of lectures begins, and thus save much time, which candidates for graduation can ill afford to spend, upon the study of this important branch.

THE WESTERN

HOMŒOPATHIC OBSERVER.

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H. C. G. LUYTIES, Proprietor and Publisher.

ISSUED MONTHLY, AT ONE DOLLAR AND FIFTY CENTS A YEAR, IN ADVANCE.

All communications, whether of a business or literary character, must be sent to the Proprietor and Publisher of this paper, No. 306 North Fifth street, between Olive and Locust streets.

Surgery.

INTERESTING CASE OF SURGERY AND ALLOPATHIC DIAGNOSIS.

About 4 o'clock P. M. of Saturday, August 24, 1867, my son, George Crawford, while running in an alley at the back of our house, stepped on a large stone which was sticking up above the surface and immediately he fell down, his right foot at the same time bending inwards under him. He lay in this position nearly half an hour, there being no person near to assist him. When he recovered strength enough, he crawled, on his hands and knees, from the alley into the house, up the back stairs, into his bedroom, where he was discovered by his mother some time afterwards, crying with the pain. On learning the cause of the pain and how the accident occurred, his mother immediately took measures to ease the pain and allay the swelling by applying cold water to the foot and ankle and keeping wet cloths constantly on it.

From the moment he received the injury he could suffer nothing to touch it or to move it. Hence the cloths had to be soaked in cold water and laid on it. The pain increasing, on the third day after it occurred, I called in Dr. Logan, to whom I stated all the facts and what we had done, which he entirely approved.

He pronounced it a severe sprain of the ankle; but, until the swelling was reduced, he was unable to tell what further injury the foot had sustained. He prescribed for him some medicine to allay fever, and a liniment to be rubbed on the foot, and desired to be made acquainted with the result. This was continued for some two or three weeks. Still the swelling increased (the pain also), until nothing could be distinguished bearing any resemblance to an ankle joint on either side. In the meantime, the Doctor had given it as his decided opinion that there was a fracture of the heel, or heel bone; but, on account of the swelling, and the pain the boy suffered when any one attempted to handle the foot, or even touch it, he said he was unable to tell the extent of the fracture, if any existed, and that we must wait patiently the development of the case. About this time, Dr. Logan mentioned to me that he would have to be absent from home for a short time as he had to attend the Grand Lodge of Odd Fellows, but he did not tell me what day he proposed going; nor did he mention what was to be done with his patient. I did not know that he had left until three or four days after he had actually departed, nor would I have known it, even then, were it not that I had to call at his office to bring him to see his patient who was daily becoming worse, and whose health was giving way under so much suffering and want of rest. I found a notice on Dr. Logan's door announcing the fact of his absence and the probable time of his return. Dr. Links' office being just opposite, I inquired of him if Dr. Logan had gone. He said he had. I asked him how long he (Logan) would be absent. He referred me to the notice on the door. I said that it appeared to me to be strange conduct on the part of Dr. Logan, asking Dr. Links, at the same time, if he knew whether Dr. Logan had made any provision for his patients being attended during his absence; to which he replied, he had, stating that some of them had been given into his charge. On inquiry, I learned that my son was of the number of those whom Dr. Logan had given in charge to Dr. Links, and, as the latter informed me, with special instructions that he (Links) was to look particularly after the boy, and to watch it closely, as, from present indications, he (Dr. Logan) anticipated some trouble with the foot.

Dr. Links came to see the boy the same day I called to inquire

after Dr. Logan, and just four days after the departure of the latter. Dr. Links found the foot in such a condition that he immediately opened it, and a heavy discharge issued therefrom. I had begun to fear mortification was setting in from the appearance of the foot, and hence my visit to Dr. Logan's office as mentioned. Dr. Links ordered poultices of flaxseed meal to be kept to it, which was done. Dr. Links made an incision on the back of the heel. Shortly afterwards, three other openings made their appearance on each side of the foot, which constantly discharged, and continued to do so while he remained in Leavenworth. On the return of Dr. Logan, a consultation was held between him and Dr. Links. I had suggested to both Drs. Logan and Links, on several occasions, the probability of the ankle being dislocated, but they both emphatically denied any such thing; and, on the occasion of the consultation I now speak of, I again put the same question to them more pointedly, asking how they accounted for the strange and unnatural position of the foot, unless that it was dislocated.

Dr. Logan asserted positively that there was no dislocation; that it was impossible for dislocation to take place either to the right or left without breaking one or both of the bones of the leg which meet the foot at the ankle; adding that it (dislocation) could only take place in a lateral position, or from front to rear. He further maintained that the disease was fracture of the heel and an exfoliated bone. They used the probe freely on the day of consultation, and said that a particle of bone could be felt quite loose, but still attached by something or other which prevented it from coming away. Therefore, the poulticing was kept up in hopes that this piece of bone, or other substance, might be brought off, which it did some time after. Dr. Logan resumed control of his patient at this time, and ordered a liquid to be procured to inject into the holes, as well as to apply on the sores outwardly; to cut away any proud flesh or other extraneous matter, so as to give a free discharge.

The particle of bone that came away (in a poultice) was shown to Dr. Logan, who, on looking at it, ordered it to be burned, and even watched Mrs. Crawford put it into the fire. It was of an oval or convex form; just as if you cut a common marble in two and scooped out one of the pieces, leaving the crust or shell

then you would have about the size and shape of the bone, only that the interior of it was of a cellular form. I desired the bone to be shown to Dr. Logan, but I did not wish it to be destroyed. The Dr. seldom visited after this time unless called on to do so, stating, as a reason, that he could do no good, as time alone was necessary to effect a cure. We did not feel easy under these circumstances, and began to have fears as to the danger of the boy losing his foot or leg—perhaps his life. The Dr. had hinted that he thought change of air would be needed to effect a cure. He stated that the atmosphere was against the boy's recovery, as there was too much electricity in it. I called on him shortly after he had given the above reasons and desired him to give me his candid opinion about the case, stating that I must have the real facts, no matter what they might be. I stated that I had not lost my confidence in him, but I naturally felt deep anxiety on account of my boy, and I wanted him to give me his real sentiments regarding the matter. He then gave it as his opinion that change of climate was necessary to a cure in this case, and finally suggested this course on the ground that he wished me to consult higher medical advice, stating that he was unable to discover the extent of the disease unless he proceeded to extreme measures by cutting into the foot, which was his usual practice in such cases, but that he had been, and was still, unwilling to have recourse to it on this occasion, in order, as he said, to spare my feelings. Hence his wishing me to consult higher medical authority. I asked him who stood at the head of the medical profession in Leavenworth, or who was looked up to as the acknowledged head in the community. He replied that he did not know of any one who held a position higher than himself. He believed he had as good a practice as any other, and was not aware of any in the profession superior to himself. I said if there was any such person I would like to know in order that I might avail myself of his skill and services. He said that my only plan was to have the boy taken to St. Louis and consult the best medical advice to be found there. He mentioned Dr. Hodgen especially, and said that he would write a letter to him and give it to me on the boy's leaving. In that letter, Dr. Logan describes the disease as *caries of the bone,* which was the first announcement he made of it, having all along called

it an *exfoliated bone,* or a fracture of the heel, and prescribed for and treated it as such, if the aforementioned can be called treatment.

This is a correct statement of the facts in this case from the beginning until the boy's departure for St. Louis, as far as my memory serves me, and which came under my knowledge.

J. G. CRAWFORD,

Leavenworth, Kansas, March 13, 1868.

STATE OF KANSAS, }
LEAVENWORH COUNTY. }

James G. Crawford, being first duly sworn, says that the facts set forth in the foregoing statement are true.

JAMES G. CRAWFORD.

Sworn to and subscribed before me this 13th day of March, 1868.

A. F. CALLAHAN,
Notary Public.

LEAVENWORTH, Oct. 21, 1867.

PROF. HODGEN.

DEAR SIR: My friend, Mr. Crawford, has a little boy with caries of the bones of the foot. He desires the best surgical advice and I have recommended him to you. I have treated him, and have set forth the probable necessity of an operation, corresponding in extent with the disease. Should you think it best to operate after you see him, at once, I think they are prepared to have him remain. Very respectfully yours,

C. A. LOGAN.

LEAVENWORTH, Feb. 20, 1868.

MY DEAR DOCTOR: It is with much pleasure that I am enabled to report the recovery of the boy Crawford, whom you treated for fracture of fibular. The leg is of precisely the same length as the other, the foot has resumed its normal size with the exception of the heel, which is still enlarged and will probably remain so for one year. There is no pain or tenderness on pressure; the ankle-joint perfect in all its motions. Some time since, I directed the crutches to be thrown away and substituted a cane for support. I will secure the drawings of the foot.

Yours truly,

M. MAYER.

WM. TOD HELMUTH, M. D., St. Louis.

Correspondence.

NOTATION OF POTENCIES.

MR. EDITOR: I have for a long time regretted the existence of the fact that there is no uniform system for the Notation of Potencies, and have been deeply impressed with the importance of the establishment of such a system for general use by the profession, and I am constrained to present the subject before the profession for their consideration and action.

Such a system would enable one to note more particularly the special treatment of a given case he wishes to communicate to the profession, as to dose, scale of potency, potency itself, and whether dilutions, triturations, saturations, or pellets were used, so that *all* may understand just what the writer intended to convey by the signs and symbols he may have used, and thus, too, others may, the more intelligently, use his experience, if called to treat a similar case, if necessary.

At present there are many methods of designating these particulars as there are writers, *e. g.:* the thirtieth potency of Nux-vomica may be expressed in a score of different forms, any one of which may be right of itself, but when used indiscriminately lead to confusion and doubts as to what it really meant.

Now, to obviate this difficulty, I propose the establishment of a uniform system based on these general principles, viz:

1st. Designate the Potency itself by small figures placed to the right and a little above the name of the remedy. Ex. Nux-v.^{0} denotes the mother tincture of the drug. Nux-v.^{30} denotes the thirtieth Potency, etc

2nd. Designate the scale by which the potency was prepared by small capitals placed to the right and a little above the number of the potency, the letter x denoting the decimal, and the letter c the centesimal scale. Ex. Nux-v.$^{30^{x}}$ denotes the thirtieth potency of Nux-v. prepared by the decimal scale, and Vux-v.$^{40^{c}}$ the same potency prepared by the centesimal scale.

3d. Designate Dilutions, Triturations, Saturations, or Pellets, by their initial letters. Ex. Nux-v.$^{3^{c}}$t, denotes the third centesimal trituration of Nux-v. Nux-v.$^{2000^{c}}$p., the 2000 the centesimal potency of Nux-v. used in the pellet form, etc.

There may be objections to this plan, but I believe it will meet a want long felt by the profession, and that a rigid adherence to this or some other *uniform* system will add much to the practical value of communications relating to the treatment of special cases. And, hoping this may meet with your approval and that of the profession at large, I remain, as ever,

Yours in the bonds of Homœopathy,

O. E. GOODRICH, M. D.

Allegan, Mich., June 16, 1868.

Original Articles.

NOTICEABLE CASES FROM PRACTICE.

BY M. FUNK, M. D., NEW ORLEANS.

A young lady about 14 years old called at my office; she had been for several weeks treated with allopathic doses of Quinine, Salicine, Cinchonia, etc., for intermittent fever, without the least success—not even a single paroxysm had been suppressed. On examination, I learned that the fever was a tertian, the paroxysm commenced in the afternoon about 4 o'clock, with a slight chill, no thirst; then dry heat, during which the patient soon fell asleep and din't awake before next morning, when her clothes were moist from perspiration, and she felt somewhat exhausted. During the apyrexia she felt well; stools regular; appetite not impaired; general appearance healthy. She declared that neither herself nor her uncle and aunt, with whom she was living, had ever used homeœopathy, and didn't know anything about it; but that they had heard much about my successful yellow-fever cures, and therefore had concluded to "make a trial." I vacillated in the selection of a remedy between Bell. and Tart. emet., and at last concluded (for better security of a *prompt and decided* cure by the *first* call of former unbelievers) to give both remedies *at once*. I gave Bell. 100 and Tart. em. 100, to be dissolved in 2 half tumblersful water, a teaspoonful to be taken alternately every 2 hours. Not the least trace of an attack showed itself at the time of the *next paroxysms, nor even later* (two and a half months now.

A short time after, an uncle of hers, living with the same family, called at my office, highly surprised about the prompt effect of Homeopathy by his young niece. He confessed to have heartily laughed when he had seen the few tiny pellets (I use No. 1), and had said to his young niece, that, if this would cure her fever, he would *believe* in Homœopathy. But the unexpected prompt result had startled him powerfully, and he wished I would explain him how such "tiny" doses could *cure* what large doses of quinine *couldn't*. He listened attentively to my explanations, and at last told me that he was suffering months by a "sore mouth;" he had caught a chancre, which a physician had "cured" by cauterization, but directly after, the whole mucous surface of the mouth became sore, so that he only with difficulty could eat. The physician had prescribed him a solution of Merc. subl. corr. Kali hydragod and Sassaparilla, of which he had taken 3 spoonsful every day, already over two months, "apparently without success," but the doctor had told him that to effect a "*radical*" cure required *several years* (!!), during which time he should continue the prescribed mixture uninterruptedly (!!). I proposed to cure him in a *shorter* time, and he consented to give Homœopathy "a fair trial."

I administered Nitric acidum 3, 5 pellets every day, morning and evening (July 15th, 1868). August 18th, visiting a patient in the same house, found him "cured long ago." Not a trace of the "sore mouth" was perceptible, notwithstanding the use of coffee, chewing-tobacco and liquor had been *resumed*—nay, even never been quite abandoned!

A CURIOUS OBSERVATION.

BY M. FUNK, M. D., NEW ORLEANS.

In the fall of 1867, I was called to a lady suffering with uterine hemorrhage for nearly two weeks continually, which had been treated during this time by another Homœopathic physician without success. Not knowing what remedies he had given, but supposing, that the polychrests, generally indicated, had been *applied already*, I tried during the first three days several of the *new* American remedies, such as Hamamelis, Trillium perd., etc.

But since the present symptoms indicated now Platina (the formerly bright, red blood having changed to a darker color, sometimes mixed with large, coagulated lumps), I gave the lady (at 9 o'clock A. M.) a few dry pellets Platina 100 on the tongue, and after about half an hour the hemorrhage stopped. I had left a small vial of the same remedy, ordering to wait for another dose at least two hours, if the hemorrhage should not return *sooner*, and then to dissolve 5 pellets in some water, and to take a teaspoonful every two hours. But if the hemorrhage should *not return at all* during the day, I recommended rather to take only *one dose* at bed time, and another next morning.

By my visit next morning, the lady told me that she had thought it safer to take a dose every two hours. She dissolved five pellets in half a tumblerful of water, but soon after the next dose the hemorrhage returned with the former severity. Alarmed about it, she concluded to send for me again, but hearing that I was hardly to be found at home the first 4 or 5 hours, having many yellow-fever patients to visit, and particularly remembering that the dose which relieved her first consisted of *dry pellets*, she took the next two hours again 3 pellets dry on the tongue, with the same gratifying result like the first time, and then took, as I had recommended, no more medicine during the whole day until 10 o'clock P. M., and 8 o'clock next morning. I was, of course, much puzzled about this strange occurrence, and for curiosity I asked her to take another dose of *dissolved* medicine in my presence. She refused at first, but finally yielded to my request, and not quite half an hour after, the hemorrhage returned! As soon as she again took some dry pellets the flooding stopped promptly, and using the same remedy three days longer, morning and evening, during which time *only once* a few drops of bright, red blood passed off,—the cure was perfect. I give no further commentary, being unable for an explanation why the *dry* medicine acted contrary to the *dissolved*.

THE Canton (Mass.) records from forty to seventy years back, show that the number of children in the American families of that town averaged about ten or twelve, but now they do not average two.

Selected.

Influence of Anæsthetics on the Brain and Nervous System.

Dr. Richardson's fifth lecture, delivered on Tuesday last, was a study of the influence exerted by anæsthetics on the brain and nervous system. The obvious fact that the motion of the heart and the movements of respiration continue in action while the rest of the body is under the narcotic effect, during anæsthesia, proves that the whole nervous system is not involved, and that the involuntary and semi-voluntary muscular mechanism is also not involved except when extreme and fatal symtoms are developed. What parts, then, are influenced by an anæsthetic? The idea was almost intuitive that the brain is the organ effected, and that the centers of consciousness are those chiefly held in abeyance. But, to prove this as true, experiment was necessary. In proof, the lecturer took a large pigeon, narcotized it deeply with cloroform, and in this state passed through its body, from the head to the foot, a rapid intermittent induction current. The bird instantly rose from the table, extended its wings, opened its eyes, and seemed as if restored; the current was then stopped, and the bird was shown to be as deeply asleep and as powerless as before. Another bird was put to sleep by freezing the brain, and when utterly insensible was subjected to the electric shock in the same way, when it flew from the table into the room, where, breaking its connection with the battery, it dropped on the floor comatose, motionless, and as anæsthetized as before, in which condition it remained for many minutes. The lecturer in these experiments demonstrated that the anæsthetic action was localized in the cerebrum. His battery was like an outer brain, which supplied power without intelligence, and which, by the effect of the current, showed that all the muscular elements were ready for work, and only awaited the order from the brain. The lecturer next discussed the question—What, during the process of anæsthesia, leads to this change in the brain? Is there a chemical action on albumen? Is there presure on brain matter? Is there deficient oxidation of the blood? Is there contraction of blood-vessels, and diminished supply of blood from that cause? All these hypoth-

eses were experimentally tested and negatived. It was admitted that during extreme anæsthesia there is reduced oxidation and a singular reduction of temperature. These changes are inevitable, because the anæsthetic vapors replace oxygen during their diffusion into blood; but the diminished oxidation is not the cause of the insensibility. In proof of this Dr. Richardson showed an animal breathing an air in which the oxygen was reduced by addition of nitrogen from 21 parts to 9 parts in the 100, side by side with another simular animal breathing an air in which the oxygen was reduced by the addition of vapor of bichloride of methylene only to about 20 parts in the 100, viz: 4 cubic inches in 500. The result was that the animal in the extremely reduced atmosphere was quite unaffected, while, the animal in the slightly reduced atmosphere was in the deepest narcotism. Then a correcting experimental test was adopted, and the bichloride was administered in an atmosphere containing an excess of oxygen, the oxygen being present in double its ordinary or natural proportion; the excess of oxygen exerted no perceptible obstacle to the anæsthesia. To determine whether there was contraction of blood-vessels under anæsthetics, the lecturer had recourse to transparent small trout; through their bodies, with the microscope and the one-inch lens, the blood-vessels could be seen, and the corpuscles flowing through them. These animals can be narcotized readily by making them breathe water saturated with chloride of methylene or ether. In the narcotized condition, the vessels do not contract, but under the influence of ether, in the later stages, before death occurs, dilatation and regurgitation are observed. The latter is noticed also when chloride of methylene is used. With both reagents breathing and vessel circulation cease before the heart's action. The lecturer concluded that anæsthetic vapors act directly upon nerve matter either by preventing the developement of force or by stopping conduction. The latter hypothesis is supported by the fact, proved by experiment, that these vapors obstruct the conduction of heat and electricity.—(*Med. Times and Gaz.*

Preserving Anatomical Specimens.—The Journal de Pharmacie et de Chirurgie records the process of M. Van Fetter, of the Anatomical Museum of the University of Boulgne, in preserving anatomical specimens:

He takes seven parts of glycerine, one part of brown sugar, and a half-part of Nitre, and mixes them. The pieces to be preserved are placed in this and allowed to remain until hard as wood. The time depends upon their size—a hand requiring eight days. They are then suspended in a dry, warm apartment. The glycerine soon evaporates, leaving the specimens soft and supple, and with their natural color. The action and mechanism of the muscles may be demonstrated from specimens thus prepared.—[*Chicago Medical Journal.*

[From the New England Medical Gazette]

PRACTICAL OBSERVATIONS AND EXPERIENCES.

BY J. H. GALLINGER, M. D., CONCORD, N. H.

Hypodermic Injections.—There are, as my readers are doubtless aware, practitioners of medicine who are utterly oblivious to all improvements in medical and surgical practice; men who close their eyes and their ears to everything novel, and plod along in the beaten track of their predecessors, without turning to the right or the left. There are, too, on the other hand, medical men who are constantly in pursuit of something new; who seem to entertain feelings of mistrust and repugnance toward everything that has been tested by a long experience, and that has received the sanction of age. In this department, as in this country, we have our constitutional old fogies and our egotistical young Americans; both partially right, and both partially wrong,—for certainly it is wise in us to heed the lessons of experience, and equally commendable to reach out and attempt to grasp new ideas and discover new practical facts. In medical practice the safe way is the middle path, lying between extreme conservatism on the one hand, and extreme radicalism on the other. And in regard to subcutaneous injections we see a practical illustration of the existence of the two classes to whom reference has been made, some lauding them to the skies in the most extravagant terms, and others pronouncing the pratice dangerous and unjustifiable. For the past year I have had a little experience with the hypodermic syringe, and I will make a simple statement of the results of that experience. And in the first place I desire to record the fact that in quite a number of cases where I used remedies selected because of their homœo-

pathicity to the disease, I entirely failed to secure satisfactory results, and hence have abandoned the practice of attempting to *cure* my patients in that way. I am aware that my experience in this respect is different from that of many others in our school, and it probably arises from the fact that their remedies are selected with greater care than mine. However this may be, I have arrived at the conclusion that in my hands the syringe can only be profitably used as a palliative in extreme suffering; and as it has admirably answered that end, I will briefly cite some cases in point.

Rheumatism.—A strong, healthy man contracted syphilis in the Isle of Cuba, for which he received mercurial treatment to the point of extreme salivation. Returning home in the autumn he was attacked with inflammatory rheumatism of the left shoulder joint in a very severe form, which resisted treatment until the suffering became intolerable. At this stage an injection of a small quantity of sulphate of morphia was made over the deltoid muscle, with the effect of immediately quieting the pain, and inducing the first quiet night's sleep for weeks. The relief continued for thirty-six hours, when pain returned and was relieved in the same way. Suffice it to say, concerning this case that it was under treatment for four months, during which time the morphia injections were frequently used, and always with the happiest results, yet the pain was not entirely removed until the patient availed himself of the benefits of the Cuban climate. Doubtless many practitioners (enthusiastic in belief that properly selected remedies will speedily cure all such cases) will wonder that a case of inflammatory rheumatism should so long resist homœopathic treatment; but my experience teaches me that we occasionally meet with a case that defies all medication for a time, and imperatively demands palliative treatment, such as subcutaneous injections of morphia. In a large number of cases of rheumatism the morphia has acted admirably, giving relief to the patient while proper remedies were effecting a cure.

Neuralgia.—Mrs. C. has suffered for years from severe attacks of gastralgia, the pain being excruciating, accompanied by vomiting, etc. Under allopathic treatment the attacks lasted sometimes for days, and the subsequent debility was extreme. Nux, bryonia, cocculus and gelseminum were used with partial suc-

cess, when during an unusually severe attack, morphia was introduced into the arm, the pain immediately ceasing, and the patient being remarkably well on the succeeding day. It is worthy of remark concerning this case that the patient informed me that the distress has not returned in a severe form since that time, six months ago, although previously the attacks occurred every few weeks. I would likewise futher remark in this connection, that I have notes of nine cases of gastralgia treated in the same way, the results in each case being entirely satisfactory. The last case came under my care yesterday, the patient being an old lady who for many years has suffered from indigestion and dyspepsia, and during the past two years has had frequent attacks of spasmodic neuralgia of the stomach. She has always been treated allopathically, and has been decidedly losing ground. I found her in extreme agony, and immediately introduced a small amount of morphia into her arm. In an instant pain vanished, and the vomiting ceased, and she expressed herself as being "as well as ever." I saw her this morning, and she was extremely lavish with her compliments, and cheerfully consented to try homœopathic treatment for her dyspepsia, carbo veg. and nux being prescribed. In simple neuralgia I have frequently resorted to the hypodermic treatment, and always with good results. A recent case will illustrate the treatment. Mrs. M. has for years suffered from neuralgia of the stomach, head, bowels, etc., but was recently attacked with intense neuralgic pains in the right foot. I found her uttering piercing cries, and writhing in agony. The morphia was inserted directly over the pain, and it vanished to return no more.

Hysteria.—I have used the subcutaneous injections in two cases of hysteria, both of which resulted satisfactorily. The last case was a young lady, of a nervous temperament, who from over-work and exposure had suppressed the menstrual discharge. During the night she was attacked with hysteria, which continued in an aggravated form for several hours under treatment by cocculus, pulsatilla, gelseminum, and nux. A small amount of morphia was then introduced into the arm, quiet immediately followed, and the morning found the patient greatly improved, the menstrual discharge being re-established.

Hysteralgia.—In two exceedingly severe cases of hysteralgia,

in which macrotin gave partial relief and other remedies entirely failed, injections of morphia proved very efficacious, promptly relieving the agonizing pains and apparently lessening the duration of the attacks. My impression is that the hypodermic use of morphia will be found to be peculiarly adapted to neuralgic affections of the womb and appendages.

Many other cases might be cited, but enough has been said to illustrate the point that I wished to develop, which is, that in acute cases of a rheumatic or neuralgic nature, especially the latter, the subcutaneous use of morphia will rarely ever fail to answer an end that every humane practitioner will endeavor to secure, and by quieting nervous irritability and removing severe pains will place the system in condition to be more easily influenced by curative homœopathic remedies.

Dr. G. says "I am aware that my experience in this respect is different from that of many others in our school, and it probably arises from the fact that their remedies are selected with greater care than mine."

Bearing in mind the law of similia, which is immutable, and conforming to it in the choice of his remedy, Dr. Gallinger will find that he need not "abandon the practice of attempting to *cure* my (his) patients" homœopathically. T.

[From the Jefferson (La.) Journal.

MR. EDITOR: Through the columns of your excellent paper I am pleased to correct a very commonly received error in regard to the profession of which I am a member. Often the question is asked, Dr., are you an Allopathist? We have been called Allopathists, in contradistinction to a sect of irregular practitioners who have chosen the title of Homœopathists; the latter term signifying that its professors treat disease by influences similar in their effects to the disease itself; the former, that *other*, and of course dissimilar influences, are used. It must be remembered that the designation was not adopted by ourselves, but conferred upon us by Hahnemann and his disciples. The intention was obvious. It was to place the regular profession, and their own scheme, upon a similar basis. That they practiced on one principle, we on a different and somewhat opposite prin-

cal sect—the Homœopathists, the Hydropathists, the Thompsonians, or the Eclectics? Let us discard, therefore, from our minds, the false epithet. Let us not only never employ it ourselves, but show that, when applied to us by others, it is inappropriate and offensive, and the use of it we must consider contrary to gentlemanly courtesy, and the proprieties of cultivated society. I say again, we are not Allopathists; we are simply practitioners of medicine, claiming to be honorable members of a highly scientific profession.

Should any other paper be disposed to publish this communication, I should make no objection, for I would like to see this popular error of misnomer corrected. MEDICUS.

[From the Jefferson (La.) Journal.]

ENVY OF TRADE.

"Audiatur et altera pars."

MR EDITOR: This nasty human passion glances from every word in the article of the first of August, 1868, of your valuable paper, undersigned "Medicus," in which Homœopathy is misrepresented as an "irregular" practice. But the public don't care for vain *disputations* between the practitioners of the different schools of medicine. The public is guided by the *practical results* of treatment, and only such who *willfully* shut their eyes against overwhelming truths, can deny that, by taking an equal average number of cases treated, the balance *invariably* sinks deep in favor of Homœopathy.

Many learned physicians of the old school, which nourished for many years their unfounded prejudices against the new (Homœopathic) school (in consequence of the usual misrepresentations they imbibed from their Allopathic professors), are at last led to reflection by the undeniable favorable results of Homœopathic practice, coming involuntarily under their observation. Cases, on which they had honestly, but *vainly* spent their utmost energy, skill and "science," are often speedily cured *even by Homœopathic laymen,* and this incontrovertible fact induces them, often after many years of Allopathic practice, to inform themselves, not as heretofore, by the writings of the *opponents,* but directly on the fountains of *Homœopathic authors*—

and now, like always by the unprejudiced investigation of any truth, the scales fall from their eyes, and they become converts and emphatical advocates and propagators of the so long persecuted and misrepresented truth. "They turn from being a Saulus to become a Paulus!" often to the temporary sacrifice of a well paying practice.

In Europe, the most sovereigns employ Homœopathists for their family physicians. Napoleon I, when in Elba, was once cured from an obstinate herpetical disease by a Homœopath, after all employed Allopathic physicians had failed, and after being informed and satisfied about the principles of the new school by a careful investigation. After his return to France, he earnestly intended to create a Homœopathic college in Paris, but, after the loss of his power, the cabals of the Allopathic professors of the most universities in Europe have heretofore frustrated such intentions. They qualify young physicians to promotion only by an *Allopathic* examination, but truth can never be suppressed by such unfair means—the public conviction of the superiority of Homœopathy grows in the same, and even in a *higher* proportion, than the prosecution and misrepresentation, which does to the same *more good than harm.*

Therefore, we are much pleased that "Medicus" brought the matter before the public, and thereby gives us a long desired occasion to correct false notions and to repulse calumniations. Many students of medicine *intend from the beginning* to become Homœopaths, and study the Allopathic *Therapy* (all the *other* branches of medical science belonging commonly to *both* schools), only for the sole purpose "to pass through the examination," after which they *doom it to oblivion,* in order to make room in their memory for the carefully and scientifically compiled Homœopathic materia medica and Therapy, which deals in *confirmed facts,* and not in "time-honored institutions" or a systematical collection of obsolete errors, vain hypotheses and sophisms, like is the common track of Allopathic Therapy, which, *when successful,* only so unconsciously and *involuntarily* by the *Homœopathic* principle, because the medicines were never proved in respect to their positive powers, but only used by guessing. Homœopathy uses no remedy before it is thoroughly proved and the results carefully recorded. For every *true thinker,* moreover, the denoting

"time-honored" is a very doubtful, nay, even *suspicious* recommendation in our age of incessant progress; which carries the sentence, "Standing still is retrogression" on his banner.

We could state an abundance of statistical tables, which have proven what small percentage of deaths are occurring under Homœopathic treatment in hospitals, and during epidemics, in comparison with the results of the "old school," which pretends to be *offended* by the name of the *Allopathic*, according to "Medicus'" statements.

But, for want of space, we only mention that by the first appearance of Cholera in Europe, in 1831, when the Allopaths lost most every case, and after some more experience, at least, forty to fifty per cent., the Homœopaths lost at an average no more than six to ten per cent. from the beginning.

Count Nadasay, in Daka, Hungary, which, by the impossibility to procure a physician, treated his "subjects" *himself* after Hahnemann's advice, lost out of one hundred and sixty-one cases only fifteen, and saved one hundred and forty-six. A certificate of this fact, sworn to and undersigned by more than seventy witnesses is preserved in the family records of the Count.

Dr. Baer, in Prague, startled by the astonishing results of Homœopathy, tried this new method on eighty of his patients, which *all recovered without exception*—after he had, under Allopathy lost forty-seven from one hundred and nineteen. Of course he was converted to Homœopathy forever. The results of Homœopathic treatment of Yellow Fever, last Fall (1867), are here in a too fresh memory by hundreds of witnesses, to require more than a simple mentioning.

May "Medicus" succeed, if he can, in disproving their testimony! This would help him more for the destruction of the hated Homœopathy than his vain protests against the name of "Allopath," which has gained too much ground amongst the public to be eradicated! This alone sufficiently proves the immortality and indestructibility of the "Homœopathic" law of nature and healing art.

In concluding this article, we earnestly invite "Medicus" to a fair and honest *disputation* about the object, in the columns of this valuable paper, which we have not to shun, but, in the con-

trary, *heartily desire,* in order to give the honored public an occasion to clear up the mind about this important matter—to expose regardless *misuses* (for example, the abominable uses of Vaccination, which poisons whole generations with scrofulous and other poisons, without protecting against small-pox, as thousands of cases show), and to correct wrong opinions more profoundly than possibly can be done by the above brief and necessarily incomplete and superficial article.

We earnestly promise not to weary in this controversy, *if accepted,* so long as our opponent will conduct it in a gentlemanly manner. But, *silence is admittance.* DR. M. FUNK.

No reply since the 8th of August. F.

Nitrous Oxide Gas.

It seems at last to be a determined fact that the protoxide of nitrogen, or nitrous oxide gas, now in general use by the dentists of this country, is by no means the safe anæsthetic that one might suppose from its frequent indiscriminate administration. Its anæsthetic property proves to be due simply to an asphyxia produced on the subject, through the complete substitution of gas for atmospheric air. When the substitution is incomplete, or when common air is inhaled with the gas, no asphyxia and no narcotism, no insensibility, nothing but the ordinary effect of laughing gas is produced. It is said by Dr. Richardson, of London, to be extremely difficult to narcotize animals with gas without producing death. While, therefore, the administration of nitrous oxide to healthy subjects for the purpose of producing momentary insensibility to pain, though justifiable, cannot be said to be wholly devoid of danger, it is the duty of the medical press everywhere to say that death in the human subjects has been caused by this agent, and that its use for surgical operations likely to be in the least prolonged is highly dangerous and unwarrantable.—[*New England Medical Gazette.*

Notice.—Attention is called to the meeting of the Missouri State Homœopathic Medical Society, which takes place in St. Louis on the first Wednesday of October.

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Original Articles.

A FEW THOUGHTS UPON THE HISTORY OF MEDICINE AND HOMŒOPATHY.

BY WM. TOD HELMUTH, M. D.

The medical world at the present era is in an extraordinary position. Of the two great parties into which it is divided, one contends for the doctrine and practice which have prevailed from the most remote ages; the other for a practice and doctrine which dates its birth, so recently, as from the closing years of the last century; and which emphatically demands not only reform, but revolution.

These two parties may not unaptly be compared to the conflicting factions which divide the civil world. The one supporting those laws of government which have long existed, and which embrace within their limits different degrees of servitude from monarchy to despotism. The other advocating republicanism, or that political rule, which exacts those wholesome restraints only, which constitute true liberty.

An interest, therefore, more than usual should connect itself with the medical science of to-day, as the two great theories are struggling for supremacy all over the known world.

To the uninitiated, allopathic medicine presents a calm and unruffled surface, but the waters beneath are turbid and disturbed. Doubts not only as to its efficacy are entertained but its most distinguished authorities declare that little real improvement has been made, while other and more recent writers of equal celebrity assert it to have been more prejudicial than beneficial to mankind.

Medical men generally are respectably born; have received elementary, classical or collegiate education; have been well instructed in the social and moral virtues, have listened to christian teachings; have had placed before them the best examples for imitation; and are engaged in an avocation, whose object is of the noblest kind; the universal admission of which places them in the *highest social rank.*

Upon such men, thus trained and so conditioned, those unacquainted with the history of mankind might suppose that the spirit of evil could exert but little of its baneful influences. That the combined power of so many favorable circumstances would render such individuals less vulnerable to those frailties which so often mar and disfigure all that is good and estimable.

That there is a power every where around unceasingly striving to produce its pernicious purposes, we are distinctly told by revelation. From observation every people in every age have been convinced of its existence. With the eastern nations, more particularly, it constituted a cardinal element of their religious doctrines, however modified they were for adaption to the peculiar genius of the inhabitants of vast regions, containing separate and populous empires, extending from the shores of the Yellow Sea to the Phœnician borders of the Mediterranean and the undefined limits of Phrygia in Asia Minor.

In reading the details of these religious doctrines, although prepared for much imagination, we are yet dazzled with their brilliancy of conception, and cannot wonder that nations so susceptible became enthusiasts in their belief.

Mani, in the third century, a distinguished leader and teacher, (who, while supposed to be sojourning a year in heaven was, during that period of time concealed in a cave on earth), promulgated his peculiar doctrines with great zeal and effect. He possessed talents for Eclecticism in religion only equalled by the

rare skill which distinguishes some of the medical eclectics of the present age. He endeavored to fuse together the imaginative conception of man with the revealed doctrines of Christ. The personal appearance itself of this individual was calculated to make a deep impression upon both hearers and spectators. His costume was that of a noble Persian; he was clothed in a mantle of azure blue, pantaloons of various colors, high Babylonian sandals and he carried an ebony staff in his hand.

He taught * that, there were two conflicting worlds of spirit and matter, which had existed from eternity; separate, unmingled, unapproaching, nay, even ignorant of each other's existence. The kingdom of light was held by God, the Father, who rejoiced in His own proper eternity and comprehended within Himself all wisdom and vitality. On the side of this beautiful region was the land of darkness. It was of vast extent and depth, and inhabited by fiery bodies and pestiferous races of beings. Dissensions in this latter territory drove a defeated faction without their usual boundaries, or to the extreme verge of the world, from whence they for the first time beheld the wonderful regions of light. The beautiful disclosure filled them with envy and amazement. From an invasion which they made they were driven back by the archetypal Adam, but carried away with them particles of the divine light. These sparkling particles were then diffused through darkness: light throughout all visible existence became commingled with matter, and the endeavor of this light to escape or return again to its divine source, of which it constituted a part, caused a constant struggle between good and evil. I cannot trace down these chimerical, though poetical thoughts—beautiful though they be—and detail how Christ is made, in the series of events, to play a part in the drama. Nor regarding it allegorically, point its application to the two systems of medicine which now exist, but have alluded to it merely to show how *forcibly mankind is impressed with the consciousness of the operations of malign influences.*

A subject so comprehensive and obscure belongs to a higher order than appertains to medicine, although the far reaching law of *Simile,* brings in closer approximation the physical and moral, in the latter of which we observe the *manifestations* of good

*For this account of Mani and his doctrines, I am indebted to the writings of the Rev. H. H. Milman.

or evil *influences*, while phrenology considers the localities of the mental faculties and properties. We observe also in medical agents, homœopathically applied, some of the instruments by which the operations of the mind may be excited or controlled. This fact is adduced as one of the strongest evidences of the superiority of the Homœopathic theory; for while mental phenomena have engaged the attention of metaphysical as well as medical philosophers, so far as they came under the notice of practical physicians, they were viewed as mere ACCIDENTAL circumstances of disease, unworthy attention, unless marked mental aberration rendered their treatment imperative. Recent experiments have proved that the moral constitutes an essential part of almost every pathological condition, and for the most successful treatment of disease such medicines are to be selected, which possess qualities, (and all have such), capable of producing, and therefore of relieving corresponding moral irregularity.

We return to the subject of evil influence by remarking that it is ever on the watch for objects upon which to exercise its pernicious purposes. So important, so stunning an announcement, therefore, as that of the law of *Simile* could not escape its attention.

Among the feelings which have a strong hold upon the human mind, is a love, almost a reverence, for antiquity, and this tendency, is arrayed in hostile attitude to obstruct the path of homœopathy. With the past as with the future the mind of man associates vague and indefinite ideas. As mists magnify objects in the distance, so does time magnify objects and circumstances in the past. The crumbling ruins of a feudal castle or of an ancient abbey strongly impress the imagination, and the impression will be more or less in degree as the object seen is more or less confused; either of those ruins, therefore, make a deeper impress than a beautiful edifice of recent construction. Some monkish legends seem connected with periods more remote than the graphic and transparent delineations of character by Tacitus. If extraordinary narrative therefore, with confused association produce forcible effect, so will the vague and uncertain medicine of the past explain the admiration so loudly expressed, and this feeling will also most certainly be magnified by the conscious uncertainty of the present.

A distinguished medical gentleman of unusual ability and learning to whom I had lent Simpson's view of Homœopathy, returned it with a note which contains this remark: "The instructions respecting the properties of the various articles of the Mat. Medica are too vague to induce me to abandon the experience of the most enlightened and intelligent physicians, who have been the ornaments and the authorities of the profession since medicine has been cultivated as a science."

A glance at the history of medicine from the termination of the last century to the most distant period of its records, reveals a melancholy and clouded prospect. It is true that the names of individuals of surpassing intellect are found upon its pages, and when we consider the means of which they were possessed, and the rules for their guidance, we may understand the difficulties which accompanied their efforts. In our researches we are forcibly struck by the fact that a great part of practical medicine reached a certain point, beyond which, until the discovery of the law of *Similia,* it made but slight advances. The means resorted to in the earliest periods of medicine being the same in character and kind as those now in use, verifies the assertion that, allopathic medicine is mere empiricism, inasmuch as however diversified were the principles or hypotheses, the same curative means were employed.

In their endeavor to afford relief, practical physicians of ancient as well as of modern times may be compared to mariners upon a wide ocean, without chart or compass, guided only by the false lights of conjecture, who, when the waves are tumultuous and the skies lurid, shipwreck the vessels they are striving to save.

To disease, Moses gives but little attention. Greece received from Egypt and Asia the rudiments of knowledge. Æsculapius, fifty years before the siege of Troy (which occurence is related to have taken place eight hundred and eighty-two years before the Christian era), was certainly an individual of much notoriety, from the fact of his being deified and having temples erected to his honor. In these buildings, diseases and their cures were engraven, either on marble tables or on stones hung upon the walls, and medical knowledge was thus imparted. After a while those to whose care these temples were entrusted, probably not

only exaggerated but often fabricated cures, enhancing thereby the reputation of particular fanes; a practice which has ever since been very sucessfully imitated, not only in the laudations of quacks of their panaceas and pectorals, but by very sapient doctors in their loud encomiums of extraordinary cures having been performed by *Naptha,* train oil, lime juice and whisky.

Until the period of the philosophy of Greece, medicine is a dreary void. During the three centuries preceeding the reign of Alexander the great (A. C. 156), flourished those most distinguished writers, painters, historians, sculptors and theatrical writers whose names have become immortal, together with Hippocrates, who is styled the father of Physic. Before this philosophic period, few books were written, medicine being monopolised by families, and handed down through sucessive generations. Of one of these families, Hippocrates was a descendant. Before Hippocrates, however, flourished Herodicus, the founder of Gymnastic medicine, and whose claim to the discovery of *Hydropathy* also, somewhat precedes, therefore, that of Priessnitz. Many distinguished philosophers of Greece studied medicine, but were not practitioners.

The Turks and other Arabic nations, and afterwards the Macedonians, gave no contributions to medicine. One hundred and fifty years after Hippocrates, the Empiric and Dogmatic sects occupy prominent places in medical history. The former abominated all reasoning, while the latter professed an acquaintance with the most recondite secrets of nature—and this without any anatomical knowledge—to the acquirement of which, the prejudices of the ancients were ever violently opposed. To these two sects, the methodic was afterwards attached. Sixty years before Christ the series of medical writers is lost. In Rome, from six hundred years from its foundation there were no physicians, and Pliny writes that the first physician who practiced in Rome was a Greek who for his surgical cruelties acquired the opprobrious title of the *"hangman."*

Before the expiration of the second century of the christian era, Rome, with the exception of some parts of Asia, was mistress of the known world, and the city of Rome was the great focus of attraction. During this elegant period, Cicero and Asclepiades were cotemporaries, also Celsus, Horace, Ovid and Virgil.

Tacitus, the historian, was followed by Pliny, and at this period Galen also flourished—that man of renown, whose doctrines exercised such long continued sway. Whether Celsus was a practitioner, is uncertain. His writings are distinguished for great elegance of style, and are considered to be a correct compilation of medical knowledge to the period at which he lived.

The opinions of no medical man, with the exception of Hippocrates, ever exercised for so long a time an almost absolute sway, as those of Galen; they were even deemed oracular—yet he thought disease could be cured by enchantments; and he asserted that the God Æsculapius appeared to him at one time to recommend blood-letting, and at another to advise the bestowal of his services upon the Emperor of Rome. Expressing supreme contempt for all who differed with him in opinion, he declared in the plenitude of his egotism that "he had done as much for medicine, as *Trajan did for Rome* by the construction of roads and bridges in various parts of the Empire." The absurd opinion was entertained in the age in which he lived, which seems to have taken hold of a great portion of the allopathic medical men of the present day, viz: that medicine *had reached its culminating point,* and was incapable of further improvement.

From the time of these distinguished individuals may be seen the downward tendency of the mighty empire of Rome. From its destruction to the time of Mahomet, a period of five hundred years, there is no medical literature. The inundations of the northern barbarians over the different portions of Europe and of the Arabians in Asia, arrested the progress of medicine, and no medical author appears till the beginning of the tenth century. Of the Arabians, the most celebrated were Rhazes, Avicenna and Albucasis—and during the dark ages, medicine was preserved by this people, chiefly by purloining from the Greeks; a kind of larceny *which ever since* has been so generally and perseveringly perpetrated by medical writers that it may be looked upon as *a Spartan virtue.*

In the sixteenth century, learning roused itself from the stupor in which for ages it had lain. The crusades were the first awakening cause. From the time of those remarkable expeditions, all the arts and sciences revived; and paper making

having been already discovered in the eleventh century, and printing in the fifteenth, books were multiplied and dispersed, and this the more rapidly in consequence of the discovery at the same time of the magnet and of the mariner's compass.

All the medical knowledge of antiquity for the space of fifteen hundred years may be acquired from the writings of the few individuals whose names have been mentioned, together with those of Aristottle, Cœluis Aurelianus, Alexander Trallianus, Dioscorides and Paulus Œgineta. The authors therefore worthy of perusal must be of very modern date, for from the time of Hippocrates to the sixteenth century of the Christian era, none beside those just noticed are worthy of perusal, and even they, for the most part, rather to gratify curiosity than afford instruction.

A medical historian, in relation to this subject writes, "when we compare the increase of medical knowledge with the number and size of the authors, the former appears inconceivably diminutive. Few of them contain any material discovery or useful improvement. The essence of gross volumes might be contracted into a few lines; numbers display a manifest want of information or of veracity, others are filled with speculative bombast, hackneyed remarks and quotations—their readers may be compared to an industrious bee who patiently extracts a little honey amidst heaps of weeds and thistles."

For those ancient physicians, such reverence is expressed, that those ignorant of their hypotheses and practice might imagine that the long series of years through which their doctrines passed had fully tested their orthodoxy, and that he who dared oppose might with truth be deemed a rebel. What then are the teachings of these sages of medicine? Hippocrates believed four elementary humours, blood, pituita, yellow bile, black bile or melancholy. He also taught that human bodies are constituted of four elements, and that diseases depend upon the degeneracy of these, or upon their improper mixture or disproportion, especially of the two biles. Pythagoras also taught the doctrine of four primary elements—fire, air, earth and water, with their corresponding qualities, dryness, moisture, heat and cold; which four supposed elementary existences appear to have occasioned physicians as much embarrassment as Milton describes them to have given the arch

fiend in his wanderings through Chaos. These notions were for a long time the sole basis of medical philosophy, and were taught either unmixed or blended with the innumerable fancies of others, to which the imagination gave birth. An analysis of the crude allopathic pathology of the present time detects these ideas in some form or other, with the exception of fire, air, earth and water as elements, which chemistry has proved to be compounds.

Asclepiades, who overthrew a great portion of the medicine of Hippocrates, supposed that disease depended upon the proportion and size of the pores, and of the atoms and little corpuscles which pass through them, a disproportion in either causing disease.

The Methodists reduced all diseases to two heads or classes—overbracing and relaxation. This doctrine we hear repeated in more modern times by the celebrated Brown, and it really may be considered as more frequently than any other of the present crude pathology, the deceptive index which leads allopathic practice into its dangerous and often fatal results.

An adherence through so many centuries to teachings which have been thus briefly noticed, furnishes an example of faithful devotion, which in the *history of affection*, finds no parallel. Time appears to have no influence in dampening a love so deep and fervid, or any power to lessen obedience to a mistress so adored; as an examination of allopathy's juvenile practices, as well as that of her matured age, shows an exact correspondence.

Hippocrates bled, cupped and scarified. He administered scamony, colocynth, elaterium and hellebore, and used suppositories and clysters. In Pleurisy, he applied warm salt in a woolen bag. In the delirium of fevers, he used warm applications to the extremities. In chronic headache, in ophthalmias, apoplexy and vertigo, the temples and back part of the head were burnt with moxas. By the ancient physicians, arteriotomy was practiced—another method of abstracting blood, sometimes resorted to, was to place the patient in front of a large fire and scarify his legs. A gentleman, who a few years since visited Ireland, told me that when in that country, he had witnessed this delicate operation—a beautiful illustration of science and surgery. In pains of the joints, those parts were irritated by external

applications, or burnt with moxas. In Pleurisy, the distinguished Celsus speaks of bleeding, and the application of mustard and vinegar to excite irritation, or else scarification and cupping. In Quinsy, the bowels were opened, the neck rubbed with warm oil, or warm salt in a bag was applied to the throat; if the disease were violent, blood was taken from under the tongue and the uvula and tonsils scarified—Galen opened the jugular veins and temporal arteries, and prescribed leeches, cups and scarification. Opium, as an anodyne, was among his favorite medicines. The Arabians used the milder purgatives, senna, manna and cassia; and to them Pharmacy is indebted for juleps, confections, conserves, and those other saccharine devices by which alone revolting nature is reconciled to swallow the many nauseous potions from which she instinctively shrinks. The Arabians used cantharides to excite vesication. In Phthisis Pulmonalis, the orthodox method was, when the fever and cough increased and the emaciation progressed, to make ulcers on the sides or between the shoulders, and as a last resource, a change of climate was advised, or a sea voyage to Alexandria. How exactly does this management of Pulmonary Consumption coincide with that now adopted? The patients of American physicians, after the almost invariably unsuccessful use of similar external irritants, are sent to die, not indeed in Alexandria, but in Florida, Madeira, or the South of France. The facsimile of the ancient and modern treatment of this disease were perfect, had the discovery of Cape Cod belonged to a far back age, when doubtless the sagacity of physicians then, as now, would have detected the all-curative power of that celebrated oil, which, as it is the sheet anchor, is justly the pride and the glory of modern allopathy.

This brief, though correct outline, contradicts the assertion so often made, that allopathic medicine has been greatly improved.

Antiquity, however, is a relative condition—what is now old was once young, and it were an error to think that the doctrines and usages adverted to, were received without disapproval; on the contrary, as from time to time they were concocted and announced either in their primeval purity, or afterwards made to assume an appearance of originality, they were met by all the opposition which wit, satire or learning could employ for their destruction.

A physician, in ordinary to one of the kings of England, relates the following anecdote: "A sick man being asked by his physician what was the effect of the medicine prescribed, replied, '*that he sweated violently.*' 'That is well,' quoth the physician. At *another time,* he asked him again how he had done since; he said '*he had felt an extreme coldness and great shaking.*' 'That is well,' said the physician. The *third time,* he asked him again how he did; he answers, '*I find myself to swell, and ready to burst as if I had the dropsy.*' 'That is well,' again cries the physician. Upon this, it happened one of his domestics came to inquire of him how he did; 'Indeed, my friend,' saith he, '*by being well, I die.*'"

The same author writes: "This recital doth resemble another, where an apothecary, conducting a dropsical patient to a physician, he advises to empty him. The apothecary having given him a dose of Jalap, and not finding the dropsical belly lessened, returns to the physician, who directs to empty him *more,* which he did; but soon after, the Doctor meeting the apothecary, asks him how his patient did? The other told him *he was dead*; 'then,' saith the Doctor, '*you have emptied him too much.*'" Alas! very many "are emptied too much" by the various means which false science enjoins.

New medicines are ever recommending themselves to the patronage of the public; and the avidity with which they are prescribed and taken, are evidences on the one part of the practitioner's consciousness of the few real curative means he possesses, or his ignorance of their proper application, and on the part of the patient, of the desperate hope that something may relieve after the frequent disappointment from the long continued use, by no means unfrequent in an *individual* case, of laxatives, expectorants, purgatives, diaphoretics, infusions, decoctions, tinctures, powders, tonics, epispastics, sinapisms, fomentations, liniments, lozenges, pectorals, emulsions, plasters, gargles, stimulants, anodynes, fumigations, baths, ptisans, &c., &c., &c., all of which constitute a portion only of the coarse machinery of that terrific engine, known as allopathy.

A satirical anecdote which the author of a treatise on tropical climates, cow pox, &c., London 1800, relates, with a view to ridicule vaccination, will apply equally to the many

bantlings of the materia medica, which, from time to time, are extolled for almost miraculous curative powers. For truly, the symptoms in many instances, are as wonderful as their removal. He relates, "that the great Erasmus mentions a man, one Philario, an Italian, who in Holland was very much affected with worms—while the worms were in his body *he spoke the Dutch language;* when the physician cured him of the disorder, he could not speak a word of that language. The Dutch worms and the Dutch language had left Philario together."

As an example also of the opposition which the announcement of truth first receives, this same author asks with reference to vaccination, "can any one say what may be the consequence of introducing the *Lues Bovilla,* a bestial humour, into the human frame, after a lapse of years? Who knows beside what ideas may rise in the course of time from a brutal fever having excited its incongruous impressions on the brain? Who knows also but that the human character may undergo strange mutations from quadrupedem sympathy, and that some modern Pasiphæ may rival the fables of old!" The fears, however, of this gentlemen have proved groundless, for it is confidently believed that no modern belle has ever been enamoured of that species of bull which belongs to the quadruped variety.

But we frequently meet ridicule not only directed to a special object, but lavishly applied to the whole circle of practice, an example of which we get from an old author who writes, "This trite aphorism (viz: that there is nothing so poisonous or hurtful, be it spider or toad, but hath its use,) cannot be universal unless it may comprehend the use of physicians, which indeed is great and necessary in a populous country, where neither famine, pestilence or war have any footing for many years. In this case, men would devour one another, the place not being extensive enough to feed all, were it not that physicians prevent the plethory of the inhabitants; moreover, they help off with a great quantity of the manufacture of the nation, as mourning cloths, sack and claret, crape, flannels, drugs and a hundred commodities more, and employ thousands of hands as coffin and grave makers, clerks, sextons, tailors, shoemakers, and what not?

Medicine, however, is too serious a subject to be treated with

levity; but our professional opponents are ever so jocose upon the subject of Homœopathy, that a desire to retaliate cannot always be repressed; the temptation being the more inviting as the arrogance of the foe is only equaled by his weakness. We have only to enter his own armory, select our weapons, and not only repel assault, but were it not an unprofitable expenditure of time, carry the war into Africa.

It requires but little research to ascertain that allopathic medicine has ever been coarse in conception and barbarous in practice; that its improvement or change is more imaginary than real; that in modern days the discovery of the stethoscope has aided diagnosis and prognosis; and that post mortem examinations have disclosed morbid anatomical change, is certainly true. But what would be the reply of intelligent, observing and candid allopathic practitioners, were they asked how much aid their method of practice had derived from the use of the one or the appearances of the other? And how different would be the reply of the homœopathic physician, by whom all facts connected with pathology have been assigned their due value, and are made available for the most intelligent understanding and cure of diseases.

That patients recover under allopathic treatment it were folly to deny, but it were easy to show that the principles which directed the exhibition of the medicines and the rationale of cure were often alike erroneous. It was not the purging which cured the diarrhœa or dysentery, or the diaphoresis the fever, or the expectoration the cough, but these were, for the most part, drug symptoms superadded to the original disease, which latter could have been cured were the medicines given strictly homœopathic, without the turmoil and disturbance created in the system by the ordinary allopathic dose. An infinitesimal dose of the appropriate medicament accomplishing the cure, *cito, tute et jucunde.*

It is also plainly discernible that allopathic medicine is not a system resting upon a scientific foundation, upon which from year to year and from century to century, experiment and observation have been adding their contributions till a vast pile has been erected, whose granite strength, like Truth itself, can never change; but that it is a system of conjecture merely,

conjectural in doctrine, conjectural in practice, and unworthy an intelligent age. It was the want of a true basis which has occasioned all the perplexity and disaster of allopathic medicine. The existence of such a basis might have been suspected from various phenomena, but what it was and how to build upon it was not known; precisely as many phenomena were noticed, but not understood till Newton discovered the law of Gravitation. In consequence of feeling its necessity, physicians have ever been in its pursuit. They knew that certain medicines relieved or cured certain combinations of symptoms, but that very often the slightest variation in a group required a different medicine for itself. How, therefore, to ascertain with certainty the particular agents for the ever varying groups of symptoms as exhibited in disease, has ever been the great object of inquiry. In its fancied or pretended discovery are seen all the practical mistakes of allopathy. The errors of all hypotheses being detected by the test of practical experiment, has throughout all ages of medicine compelled physicians to fall back upon Empiricism as their safest guide, which in truth is the application of the principle of simile founded on observation alone, without a knowledge of the law, and hence so often resulting in disappointment.

An unnerring guide for the successful administration of medicines—the desideratum sought after in vain through so many centuries by men of gigantic intellect—was the discovery of the illustrious Hahnemann, a name which in the rolls of science will rank with those of Newton, Bacon, Locke and Galileo; before whose brightness all other stars in the galaxy of medicine will sparkle with a diminished lustre. Of the ultimate acknowledgment of the law of Simile throughout the world, no doubt need be entertained.

There are, however, individuals strong and unwavering in their faith, who, looking at the powerful opposition yet to be overcome, fear lest the day of complete triumph is still far distant. For such we search beyond the immediate boundaries of medicine for facts wherewith to animate their lagging hope. A cause of encouragement for these may be found in the nature of modern scientific discoveries. Had the efficacy of infinitesimal doses been announced at an earlier period, it probably

would have been universally rejected: But the phenomena of electricity, the practical operations of steam, of electro magnetism, the resolving of bodies supposed elementary into still further separation, prepared scientific as well as mediocre minds for its reception. The best philosophy might at the present time, *a priori* deduce its necessity, inasmuch as in addition to what has just been stated, examination reveals the extreme minuteness of ultimate vital structure, upon which, to act favorably, agents of corresponding delicacy would seem alone adapted.

As another cause for encouragement, I will for a moment, in conclusion, invite attention to the similarity of circumstances connected with the introduction of Christianity and Homœopathy to the world; and also, so far as great things may be compared with small, and always with that reverence and humility with which comparisons of the kind should ever be ventured, point to the resemblance between the Pagan and Christian worshipper, and the allopathic and the true physician. From the similarity of the two the conclusion may be drawn that as the one was triumphant, so may be the other.

At the birth of Christ, that large portion of the world extending from the Euphrates to the Atlantic, from the borders of the German Forests and from the shores of Britain to the arid deserts of Africa, were united under Roman rule in one vast Empire; commodious roads and a wide spread commerce facilitated the extension of knowledge. The diversified religions and their peculiar modes of worship, when represented in the capitol, presented an appearance of one great system of faith; yet in the power of their idol Deities there was an almost entire want of confidence, which distrust was not confined to Priests alone, but was felt by the whole population of the Roman commonwealth. However diversified in form or discipline were the various creeds of these different nations, the essential character of all was grossly physical. That such a condition of circumstances, geographical, civil and mental, was peculiarly propitious for the reception of a new doctrine, is abundantly plain. A similar condition of circumstances, in some respects even more favorable, adapts itself to welcome Homœopathy. Facilities for the diffusion of knowledge at this present, far surpass those of the Roman period. The general disbelief in, and

condemnation of, crude allopathic medicines, parallels with the incredulity of the Pagan worshippers, who, when they entered their temples and looked upon the huge and often hideous forms once regarded with so much dread, (for the object had been to propitiate ire rather than supplant love,) were now convinced that crude material was often inoperative to produce salutary result. How strongly does this contrast with the Christian in his temple, where is ever present, in might and mercy, and in *healing power*, his God, *Invisible!*

Next to Revelation, no boon ever granted to mankind is so fraught with blessings as the doctrine and practice of Homœopathy,—Homœopathy, properly understood in a liberal and scientific manner,—Homœopathy calling to her aid all the collateral branches of medical science, and shedding its blessings far and near upon suffering humanity.

Translated Articles.

MORBUS BRIGHTII.

Dr. Reis, of Saarlouis, presents the following case: H. Schmidt, a locksmith by trade, aged 43 years, had been sick for almost four weeks before Dr. R. was called. The patient is of a robust build, generally been in good health, lately somewhat addicted to strong drinks. The skin of the whole body is dry, glistens, and has a stretched appearance. The lower extremities and scrotum greatly swollen. Ascites and œdema of the abdomen and back; œdematic swelling of the face and of right arm. For a week past he has much cough, with a foamy expectoration; great difficulty in respiration, so great that he is only able to breathe while in a sitting position. Considerable rattling, especially in the lower portion of the lungs—approaching œdema of the lungs. The heart normal; pulse 84, pretty full; the secretion of the urine scant; urine of dirty yellow color; the test with nitric acid showed albumen in large quantity. In a quantity of two inches in depth, in a Reagens cylinder, after being boiled and nitric acid added, nearly one inch deep of

albumen was found. The microsopic examination of the sediment revealed fatty corpuscles in abundance.

The surroundings of the patient were indeed distressing; with his wife and six small children he occupied a small, damp room on the first floor. The patient lay in absence of sufficient covering, day and night with his clothes on, in a miserable bed. He has not much thirst, appetite moderate; for three days he has diarrhœa. Arsen, 3; 12 drops in 3 ounces of water; 2 teaspoonsfull every three hours were given on the 25th day of October. Up to the 10th of November, there was no other change, excepting that the diarrhœa had ceased, and the bronchial catarrh, with its threatening symptoms of œdema, had disappeared, leaving a slight but seldom occurring cough. Since the dyspnœa had disappeared, the patient spent much of his time during the day upon a chair. The ascites and albuminous urine were the same. The patient had great appetite, which could only be satisfied with potatoes. On November 10th, the patient was ordered to take *Arsen* 3, and *Apis* 3, every three hours, alternately. No preceptible change on the 22d of November. *Mercur. solb.* 3, Tritr., 1 grain every three hours, was now given. After three days there was a decrease of the œdema of the prepuce, so that the glans penis was again observable. On the 1st of December there was a very considerable diminution of the hydrops noticeable. The skin continued to remain dry, and no increase in the secretion of urine was noticed. The patient had now pains in the arms and legs; at times he felt a dull pain in the region of the right kidney, extending down to the pubic region. *Merc.* 2d was continued, and by the 5th of December, the dropsical symptoms, as well as the pains, had entirely ceased, without any special crisis of the skin or kidneys. There was a considerable diminution of albumen in the urine at the same time. The patient received now a more wholesome and nutritious diet, and in fourteen days the Doctor allowed him to go to his work. A trace of albumen however, was yet present, at that time.

Dr. Reis relates another case, similiar to the one above; it occured in a sailor; nothing but *Merc. solb.* 3 was given. The improvement was rapid; the albumen began to diminish in quantity on on the fifth day from the commencement of treatment; the

œdema was subsiding after three days medication, and in eight days the patient was out at work. Some fourteen days after there was no trace of albumen.—*Hom. Klinik, Bd. 13, S. 37.*

FISTULA LACRYMALIS.

Dr. Suss Hahnemann, of London, reports the following interesting case:

Mr. B., aged 25 years, a watchman by trade, of delicate constitution, has generally enjoyed good health; although he had since his childhood, occasionally glandular swellings of the neck, which however caused him special discomfort. About two years ago, he observed that his eyesight somewhat diminished; especially the left eye was sensitive to the light. By means of involuntary rubbing of the parts affected, he grew worse from day to day, until burning pain and stitches, and violent beating in the greater canthus of the left eye, were manifested, and at the same time a swelling appeared, which, within a short period opened itself, having been bathed freely with warm water. The discharge (pus,) relieved the pain considerably, but still it continued to flow, not only externally, but also through the nasal passage, and the patient began to feel very uncomfortable. The advice of physicians was now sought. He however, received no permanent benefit, but on the contrary, the patient felt weaker from day to day. At this juncture, a friend advised him to give Homœopathy a trial, in which he had not only no faith, but possessed the very strongest prejudices against it. When the patient came into the hands of Dr. S. H., he was pale and emaciated, very much reduced in strength, disheartened and melancholy while in his room, but more cheerful and content in the open air. The eyelids were glued together every morning, eyesight greatly diminished; he was hardly able to work in the evening by light, and if he did so, he observed always a ring around the light, having the hues of the rainbow. The discharge from the left greater canthus was visibly increased by the least pressure; the submaxillary glands were swollen; no appetite, and bowels constipated.

The patient was ordered to take *Stannum*, (the author does not state potency nor frequency of dose,) which was followed, after 14 days, by *Calc. carb.* The ring of the rainbow's hue having disappeared, the eyesight was somewhat improved; the other symptoms however, about the same. After *Calc. carb.* had been taken for four weeks—two dose daily—the discharge from the greater canthus, and from the nasal passage, was considerably decreased; the eyesight had gradually improved; the glandular swelling also diminished; patient was more cheerful, felt stronger, had good appetite and less constipation.

Sulphur (what potency?) was now given, one dose a week, for four weeks, after which the patient was discharged as entirely cured.

This patient had not been quite three months under Homœopathic treatment, while he was nearly two years under Allopathic physicians and received no benefit.

Surgery.

ANCHYLOSIS SPURIOSA, CURED BY KALI-JOD.

Translated expressly for the Western Homœopathic Observer.

Dr. Reis, of Saarlouis, relates to us a very interesting case, occurring in a woman 57 years of age. The following is the history of the case:

On July 6th, 1867, the Doctor was called to see Mrs. Wilhein, who fifteen years ago, had an attack of acute Arthritis, which continued for ten weeks in all its violence, and which is no doubt the cause of her present suffering. There remained inflammatory swellings of some of the joints; gradually the larger joints became affected, and from time to time the recuring exacerbations caused greater stiffness of the affected joints. Ten years previous, her attending physician informed her that he could do nothing more for her. Since that time she has tried most every thing to give her relief. Through the kindness of friends, she was enabled to visit twice the springs of *Bertrich*. On account of her utter helplessness she was not sent a third time to the springs—she was entirely helpless, and had to be

carried from place to place. She had a great number of physicians, and had tried the various systems of medical treatment; and for a whole year she was prescribed for by Lutze. Her suffering, however, gradually increased, and for the past two years, she can literally not move hand or foot. In the morning her husband carries her carefully from the bed and places her in a chair, and in the evening when he returns from his business, (he is a letter carrier,) he takes her back to bed again. The least motion of any limb causes her violent pain; but perfect rest renders her more comfortable. Nutrition is still very good, notwithstanding her prolonged suffering. The wrist-joints are swollen, the hands are flexed inwards, as in *arthritis nodosa*; gentle pressure upon the swollen joints of the hands, elbows and knees, causes extreme pain; the circumference of the knee-joint greatly enlarged with complete *Anchylosis* of the knee and ankle-joints. The motion of the wrist, elbow and ankle, are reduced to a minimum. On attempting to raise the body, intense pain is manifested in the back and the lumbar vertebræ. This otherwise cheerful woman, is now continually lamenting: "If I only could for once, walk again!" Of course Dr. R. could give her but little hope. The patient was ordered *Kali-jod.;* grains v to ʒ ii of water, a teaspoonful twice in twenty-four hours. On the second visit (14 days latter), the patient was full of hope. The pain, caused by touching the swollen parts, had entirely disappeared, and also the pain while at rest. *Kali-jod.* was continued, during the two months following, with the dose gradually increased, from 5 grs. to xv grs. in ʒ ii of water, and 2 to 3 teaspoonsful being given during the day.

On the 12th September, Dr. R. was able to report as follows: Patient is free from pain; she can, unassisted, get in and out of her bed. She who had not been able to move alone one inch during two years, arises at least fifteen times a day—(her own words)—walks, although with some difficulty, from place to place in her room, does some knitting, and tries her hand at other light work. The swelling of the wrist and knee-joints is considerably diminished. The Doctor continued *Kali-jod.*, and gave it again as at first, v grs. to 2 oz. of water, &c. The patient continued to improve. In the middle of October, the Doctor found to his great surprise, his patient working at the wash-tub;

and seeing that he was surprised, she remarked to him, "that is nothing, I can do almost anything now;" she also told him, with great cheerfulness, that she could perform now two kinds of her work which she had not done for fifteen years previous, namely: she could cut bread, and grind coffee, holding the coffee-mill between her knees. The woman attends to all her housework again; her walk is yet somewhat unsteady, or dragging, but firm, and she has strong faith that when the spring comes, she will be able to be out of doors again. All the functions are normal, and the patient feels well. No symptoms of *Jodine* effect have appeared so far.—*Homœop. Klinik, Bd.* XIII *S. 45.*

Editorial.

FOREIGN NOTES.

There is no country in the world where Homœopathy progresses with such rapidity as in America, there is no country wherein numbers of practitioners have such extended and lucrative practices; nor is there any land wherein the adherence to the system has been so rapid and so deeply rooted.

The Physicians on the continent explain this (and rationally too), by the different national peculiarities of mind. In the old world they are slow to bind themselves to new theories, and tenacious of their old and generally received opinions, while they look with suspicion and mistrust on any new dogma which would tend to overthrow their preconceived opinions. I was peculiarly struck with this fact in conversation with Dr. Fleishmann in Vienna, I inquired if he had made use of any of our so-called "New Remedies," and he told me he had not, giving as a reason, that he did not know where reliable drugs or reliable provings could be obtained. I may as well mention in this place, that Homœopathy, according to my own observation, holds a higher position in Vienna than (England excepted), any portion of Europe, although the manner of living and conducting a practice are very different from that in America. On the voyage out, there were many passengers who were homœopathists, and I observed that these, as a general rule, made a more rapid recovery from sea sickness, than others who resorted to the old-fashioned means for relief. Not suffering from the malady myself, I had an opportunity of noting the varied phases of the complaint, and the different manner in which it affected different individuals. There can be most severe *mal-de-mere* without any vomiting, or indeed but little nausea, the symptoms being manifested chiefly in the brain, by vertigo, headache and prostration. In other instances the symptoms are very similar to

those of cholera; there is intense vomiting and retching, diarrhœa, pinched features, cold extremities, much thirst, and great prostration. Again, nausea of the most persistent kind may continue for a long time without vomiting, or there may be intense pain in the hypochondria or in the spleen, with a general feeling of *malaise* and the utmost indifference to all surrounding objects—the patient often even desiring death, or exhibiting the most perfect indifference whether the ship sinks to the bottom of the ocean or not, and in many instances, rather desiring she would. In the homeward passage for seven days and nights, we encountered a severe gale, the waves washing over the ship from stem to stern with great fury. Two of our passengers were swept overboard and lost, and at one time the ship was in imminent peril, and yet during this time the wretchedly sea-sick passengers, when told of the violence of wind and wave, expressed themselves as not in the least degree caring whether we were lost or not, so extremely miserable were their feelings. The disease, or rather disorder, exhibits all the phases of a nervous affection, the stomach symptoms being sympathetic, and I am disposed to believe that it arises partly from the motion of the vessel, and partly from a continued though slight concussion of the brain; the former, the peculiar rolling, acting upon the peripheral termination of the nerves, and the latter occasioned by the constant jar made upon the cerebrum by these peculiar and unaccustomed movements. The medicines that will prove most effectual, are—

For the uneasy feeling in the head, the heaviness, *without much* nausea—*arnica*. For the nausea *without* much vomiting and prostration—*cuprum*. For the vomiting, coldness and prostration—*veratrum*. For nervous irritability and nausea—*cocculus;* and for the nausea, vomiting diarrhœa and thirst—*arsenicum*.

The old-fashioned story of *cocculus and petroleum* being specifics, is, according to my experience, no more to be relied upon than is *nux vomica* to cure every case of constipation; *cham.* all the colics to which infantile flesh is heir to, or *puls.* for every unfortunate female suffering from amenorrhœa. As for brandy, iced champagne, seltzer water, &c, these are worse than useless; but sometimes a small tumblerful of pale ale will remain upon the stomach when every other article of diet is rejected.

The number of Homoeopathic physicians in proportion to the size of the cities, is generally very small. The first opportunity that offered for such observation, was in Dublin, a city of about 255,000 inhabitants, where can be found but four or five homoeopathic physicians—these, to be sure, are all doing a tolerably fair share of practice; but when I say there are not *ten* homoeopathic physicians in all Ireland, the population of which in 1861, was 5,798,564, it will not be difficult to draw a comparison between homœopathy and its progress here and abroad. I passed a delightful time in this city with Dr. Scriven, who was well posted in the affairs of our school, and is a most earnest and zealous homœopathist. At Edinburgh, I found it much after the same fashion; here in a city, one of the most beautiful in the British domains, with a population of nearly

300,000, I believe there are not half a dozen homœopathic physicians. Of course Professor Henderson stands pre-eminent in this city, and though I called upon him twice, I was unfortunate to find him absent from the city.

The University of Edinburgh is a credit to the country and the world, and as I passed through its varied departments, I was struck with their excellent arrangement. Its library is extensive, and is open to the students, each of whom deposits a small sum of money with the curator, as a guarantee for proper usage and safe return of the books—which amount, I believe, is returned so soon as graduation takes place. The hospital is large and well arranged; and here, on the day I visited the institution, perhaps the boldest operator in the world (although one most peculiarly set in his opinions), removed a bony tumor from the lower third of the thigh. There is no need here of criticism; the easiness and self-control of the operator, the perfect understanding of what *had to be done*, and the dexterity with which the operation was accomplished, could not, I believe, have been excelled.

In this city, I also visited the celebrated cutler of Edinburg, Mr. Young, and found that Dr. Simpson has had lately constructed a new variety of acu-pressure needle, which differs from the old in this important particular, that the points of the needle have cutting edges, which greatly facilitate their passage through muscular and tendinous tissues. Here also I procured an instrument for the relief of retention of urine in cases of tight strictures of the urethra, invented by P. H. Watson, M.D. F. R. S., who is surgeon to the Royal Infirmary, and lecturer on Surgery. It is, in my opinion, the best instrument of the kind with which I am acquainted, and I therefore may be pardoned in giving the inventor's description of it and its adaptations in full:

"To any one conversant with the success which has in recent times attended the efforts of surgeons to relieve retention, in cases of stricture, by the employment of the common silver catheter, a proposal to increase the armamentarium of surgery by the addition to it of a new instrument, may appear very uncalled for. No doubt, the silver catheter, varying in scale from the size of a fine knitting-wire upwards, is well suited in most cases to enable the practitioner to overcome the difficulties so far as the diminished capacity of the urethra at the seat of stricture is concerned; and when contrasted with the gum catheter, affords a facility of manipulation to which the latter instrument cannot pretend. Rigidity of material is thus obviously a matter of moment, conferring as it does a command over the extremity of the instrument; so that delicacy of manipulation, combined with the requisite amount of power, is certainly attained. The rigidity in the case of the silver instrument is, however, only comparative, and becomes less and less as the size diminishes, till at length in the smallest catheter, No. ½ or No. 1 of the Edinburgh scale, the condition of flexibility is almost attained. Nos. 2, 3, and 4, are less pliant, but still they are less easily introduced than the more rigid bougies of the same size which are made of the solid German-silver or steel.

This fact has long been recognized, and has led generally to the use of bougies of those sizes in preference to catheters in the treatment of stricture by dilitation. While the advantage to be obtained by the use of a very small instrument, which possesses as great an amount of rigidity as possible, has led, in this hospital, for many years, to the employment of a probe-pointed German-Silver bougie, made in its stem of the size of No. 3, but tapering at its point to an extremity not larger than that of a common probe. Such an instrument is certainly more easily introduced into the bladder where a tight stricture exists than even a No. 1 bougie of uniform size, the tapering point enabling the instrument to be guided through the constricted portion with precision, and thus to permit the thicker part of the stem with the greatest facility to follow up the slender extremity. When introduced, it dilates the stricture, so that a No. 2 or 3 will easily pass without experiencing any obstruction. I have therefore on many occasions found it preferable, when foiled in the first attempt to pass the small-sized catheter in cases of retention with stricture, to resort to the passage of the probe-pointed bougie as a preliminary measure, following it up with a No. 2 or 3 catheter, and thus securing the relief of the patient with less delay and with much less risk of injury to the mucous membrane of the urethra than by oft-repeated efforts with a small catheter. In such cases, too, especially when there has been much thickening in the perinæum, to secure a still greater degree of rigidity. I have found that Mr. Syme's stricture staff, of the smallest size, was better suited to dilate the canal, as a preliminary to the introduction of the catheter, than the probe-pointed German-silver bougie. In a case of tight stricture with retention, I have frequently, however, felt, after having introduced this probe-pointed bougie with no little difficulty, that, were it only hollow, and capable of acting as a catheter, a great deal of trouble to the practitioner and pain to the patient might be avoided.

"I accordingly requested Mr. Young, the ingenious surgical-instrument maker of this city, to construct for me a probe-pointed stricture catheter of highly tempered steel, and of exactly the same dimentions as the German-silver stricture bougie in common use. This he did most successfully, and furnished me with one. The whole length of the instrument is 10½ inches. The stem is hollow from the handle up to an inch and a half from the extremity where there is an orifice; a silver wire occupies the interior of the instrument, and occludes the opening so as to prevent blood or mucus obstructing the channel during its introduction.

"I have now used this instrument for more than a year, restricting its employment to those cases where either others or myself had previously been foiled in the introduction of a small-sized catheter, and where formerly I should have resorted to the use of the probe-pointed bougie as a pioneer to the common catheter. In every such instance I have found that the steel probe-pointed catheter was introduced with facility, and afforded the requisite relief completely,—though of course, slowly, from the small size of the channel through which the water flowed. This instrument, I may mention, has also been employed by several friends,

and in their experience has been found signally serviceable. There is but one objection to the instrument; that is the liability of steel instruments to rust; and more particularly this might be expected to hold good with respect to the channel of a steel catheter. I can only say in reply, that during the period I have employed the instrument, I have had no reason to complain of it on this score. The only precaution I have thought it necessary to employ has been to wash it after use, and then to pass the silver wire dipped in oil along the channel. Should, however, the risk of rust appear to be a serious objection to its general usefulness—as it might in a warm climate—then the instrument may be electro-gilt, so as thoroughly to protect the steel surface.

"In introducing the catheter to relieve retention, from the position of the eye of the instrument, the operator must take care that this aperture, and not merely the point of the catheter, is lodged in the bladder; else the water will come away in a very tiny and unsatisfactory stream. By passing the finger up the rectum the position of the point of the instrument can easily be determined, and when it is once in the bladder the catheter may then with perfect safety be pushed onwards, stretching the stricture by its gradually increasing calibre till at least an inch and a half more of the stem has passed within the canal of the urethra. If the silver wire is now withdrawn, the urine will escape in a continuous free stream; and if the patient is then placed in the erect posture or sitting upon the edge of the bed, the bladder will gradually empty itself without the assistance of any pressure over the pubes.

"The advantages to be obtained from the employment of this steel probe-pointed catheter are,—

"1*st*, That in it we have an instrument which, being made of steel, is thoroughly rigid, and therefore under the control of the operator;

"2*d*, An instrument which, to relieve retention, possesses all the excellence of the smallest catheter, with, from its probe-pointed extremity, all the facility of introduction presented by the probe-pointed bougie."

In London I had the pleasure and profit of seeing all the great surgical lights of the day. The Hospital arrangements of this city are even better managed than those of Paris. Every day there is a surgical clinic in one of the hospitals, to which one readily gains admittance, and here Sir William Fergussen, Erichsen, Spencer Wells and the rest, on different days in each week, perform the operations that are brought to their notice. These hospitals are sometimes larger than our American institutions, although excepting the Krankenhaus at Vienna, I think they do not much exceed the Blockley Alms House in Philadelphia, and none of them are conducted upon any better system than the old Pennsylvania Hospital. The operations that took place during the time that I was in London, were the removal of part of the parotid, staphyloraphy, ovariotomy, tumor of the jaw, and amputations, besides many minor proceedings which were not particularly interesting. The museums of both colleges and hospitals are very extensive and very valuable, embracing every variety of obstetrical, anatomical, and surgical prepa-

rations, while chemical and philosophical apparatus of every description (often very costly,) are to be found in their halls. But after all, when we take into consideration the age of these great institutions, the immense amounts of money that have been expended upon them, and the facilities which the larger cities afford for the collection of material, they cannot compare with our younger American colleges, which, for size, ventilation, and the facilities for imparting instruction, are unequaled in the world. Spencer Wells observed—and I believe the remark was quoted in the New York *Medical Record*—when he stood in the amphitheatre of the Jefferson Medical College, "that there were no such lecture rooms in any of the Medical Schools in Europe," and he was, so far as my observation goes, quite correct. By the way, Dr. Wells has a private hospital of his own, "The Samaritan," in London, where he operates chiefly for ovarian diseases. On my first visit to this metropolis, he performed ovariotomy with singular dexterity before quite a large audience, but I had not the opportunity at my return to the city to see him repeat the proceeding, although I had anticipated that pleasure.

I am sorry to say that I find throughout the world a certain jealousy existing between physicians, but in no countries was I more struck with it than in England and in Germany. With regard to Homœopathic Pharmacies, we are far in advance of our foreign bretheren. There are none anywhere, that I have seen, that are equal to Luyties', of this city, Halsey's, of Chicago, or Hulburt's, of New York. The most of these establishments are small, often they only form departments of stores which sell either books, stationery, perfumery or toilet articles; they are not well supplied with books and periodicals, and their stocks of medicines appear to be small. Of course these remarks do not apply to the great cities either of the United Kingdom or of the continent, but chiefly to the smaller cities and towns. The Pharmacy Act now pending is exercising the feelings of this respectable body in England, and during my last visit to London there had been a meeting held of all the Pharmaceutists to consider what was best to be done in the matter. This Act, with which the most of our physicians are acquainted, prohibits, under severe penalties, the sale of all poisonous medicines, unless prescribed by a physician; and after having named the drugs, among which are aconite, arsenic, bella, hellebore, nux vomica, and other important medicines used daily by the Homœopathists, declares that each Pharmaceutist shall be furnished with a "poison book," in which the name of the person procuring the drug, the name of the physician prescribing it, the date of the prescription, the quantity and other important items, are to be recorded by the parties in question, and that no such article shall be furnished save as directed over the signature of a physician. This would necessarily put an end to the sale of many homœopathic medicines, indeed to very many polychrests, which are in daily use, and would interfere with the dispensation of many important articles of our Materia Medica, and influence in a great measure the trade of the homœopathic drug stores.

The most interesting visit to any medical institution in any part of the world was at Vienna, where undoubtedly the facilities for medical instruction are unsurpassed. Vienna is a most peculiar city in many respects, and to a stranger combines the appearances of London and Paris. In the French Capital the mystery is, how so large a community is supported; every one appears bent upon pleasure or recreation; there are hundreds of elegantly furnished cafes, jewelry and perfumery establishments; glove manufacturies, and flower stands. Everybody is on the move, the theatres are crowded, the museums are full, the opera houses jammed, the cafes overflowing, the cabs whirl along the streets, the people flock to the boulevards, the waters play at San-Cloud, the elegant equipages throng the Bois-de-Bologne, but you say to yourself, all this is pleasure, where is the business, where the actual capital that feeds this magnificent city? In London it is the direct opposite: people hurrying to and fro, immense wagons freighted with goods, earnest-looking men filling the omnibuses, large wholesale stores found on every side, piles of goods in every street, numberless ships unlading at the docks, and the general rush and .hurry and solidity of the people tell of their actual prosperity. In the one city, everybody appears bent upon pleasure; in the other, every one is intent upon business. Now in Vienna there is a miniature combination of these; there is business and pleasure combined. Its medical universities and hospitals are large and crowded with students from all parts of the world, and we intend in our next issue to say a word in reference to them.

In the meantime, we may advert to the fact that the absence of editor, proprietor and publisher of a periodical is not peculiarly conducive to the health of the same, but we may hope a normal condition may be restored after a time.

Surgical Instruments.—We would call the attention of our readers and the profession generally, to the large stock of Surgical Instruments now on hand and for sale at the *St. Louis Homœopathic Pharmacy*. They have been selected with great care by Mr. Luyties, and embrace a variety of the most approved patterns. We notice especially amputating, dissecting, post mortem and pocket cases; general operating cases, obstetrical and eye instruments of superior finish and new styles. It is to be regretted that many of the physicians of our school procure their "*armamentarium chirurgicum*" from other than our own establishments, which should, in such cases, receive the preference. It is the intention of Mr. Luyties to endeavor to supply, not only Books, Medicines, and other articles necessary for the *practice of medicine*, but to keep constantly on hand all the articles appertaining to the *practice of surgery*. We trust he may meet with the success he deserves.

SYNOPSIS OF THE MEETING OF THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

The semi-annual meeting of this Society was held in Meionian Hall, on Wednesday, Oct. 14th. Between seventy and eighty members were in attendance during the session. At 10½ A. M., the meeting was called to order by the President, H. L. Chase, M. D., of Cambridge.

The records of the last annual meeting of the Society and of the Executive Committee, were read by the Secretary, L. Macfarland, M. D., of Boston, and were approved. The President made a brief address.

The following gentlemen were balloted for and unanimously elected members of the Society: M. V. B Morse, M. D., of Marblehead; Geo. W. Gunter, M. D., of Natick; Alonzo Boothby, M. D., of Boston.

Reports followed from the Corresponding Secretary, Treasurer, Librarian, Committees on Library, and Publication.

The Committee on Materia Medica, through Dr. Conard Wesselhoeft, presented an interesting report.

Dr. C. Wesselhoeft read a paper on Iris versicolor, which was accepted and referred to the Committee on Publication, with the recommendation that it be published in the *New England Medical Gazette.*

Dr. Jas. Hedenberg, of Medford, Committee on Clinical Medicine, presented a very interesting report in which he had collated the clinical experiences and observations received from nine different members.

Dr. I. T. Talbot, Committee on Surgery, presented an abstract of a paper on the progress and present condition of surgery, which he said had made equal progress with medicine since the advent of Homœopathy.

It was voted that the entire report be accepted and referred to the Committee on Publication.

Dr. J. H. Woodbury, of Boston, Committee on Obstetrics, was unable to be present, but requested the Secretary to read a report received from E. W. Sandford, M. D., of Brookline, of a case of labor in which the vagina, ruptured and the fœtus escaped into the cavity of the abdomen.

Dr. A. J. Bellows, of Boston, presented a voluminous paper on the "Application of Food to the Prevention and Cure of Chronic Diseases."

Pending the reading of this paper, the Society adjourned to partake of a collation furnished by the Boston members.

AFTERNOON SESSION.

The Society re-assembled at 1½ P. M.

Dr. Bellows resumed the reading of his paper, when, on motion of Dr. Krebs, it was voted that the further reading of the same be discontinued.

The case of Dr. Luther M. Lee was referred back to the Executive Committee.

Delegates from other State societies were welcomed, and invited to participate in the discussions of the Society.

Dr. Sparhawk, of the Vermont Homœopathic Society, addressed the convention briefly on the condition of homœopathy in his State, which he represented as steadily increasing in popular favor.

Dr. Morrill, of Concord, N. H., President of the New Hampshire Homœopathic Society, said that homœopathy was maintaining its favorable position in the Granite State, and the meetings of the Society were increasing in interest.

Dr. David Thayer, of Boston, who was a delegate from the Massachusetts Society to the American Institute of Homœopathy which convened at St. Louis in June last, made a brief, but lengthy interesting, report of his visit and the progress of homœopathy throughout the West. The meeting of the Institute, he said, was very harmonious and enthusiastic, and much larger than usual. The practice of homœopathy in that section of the country was largely on the increase, and its efficacy became more and more apparent. He had assured the convention there that their next annual meeting in June, 1869, which was to be held in Boston, would be one of unusual interest, and he had promised them a cordial New England welcome.

On motion of Dr. I. T. Talbot, of Boston, the Code of Medical Ethics adopted by the American Institute of Homœopathy at St. Louis, was unanimously adopted by the Massachusetts Society.

Before the regular topics assigned for the discussion were taken up, Dr. David Thayer, of Boston, spoke briefly of the beneficial effect he had found to arisen from the outward application of rubber cloths in rheumatic affections.

Drs. Jones and Russell remarked that they had used the same application with advantage.

Dr. Wesselhoeft inquired if the effect was not due to the presence of sulphur in its composition.

Interesting discussions then followed upon *Epilepsey* and CHOREA, after which the meeting adjourned.

Correspondence.

Editor Observer:

In regard to the second "case from practice," reported for your Journal, I have to inform you, that the "sore mouth" made its appearance again, undoubtedly on account of not keeping the prescribed diet. The patient called yesterday at my office again; the inner surface of the mouth, tongue and lips, was full of small blisters and ulcers; I prescribed *Lachesis* 30, and will report to you later how it acted. For a later No. of your Journal, I will report another remarkable case from my former practice in Galveston, where a very quickly cured "syphilis-like" disease (I call it so purposely), returned directly after the *use of coffee.*

DR. FUNCK,
New Orleans, La.

CONCORD, N. H., October 6, 1868.

Editor Western Homœopathic Observer:

Permit me to call your attention to a singular misapprehension on your part, regarding my medical views. In an article from my pen on "Hypodermic Injections," copied from the *New England Medical Gazette* into your Journal, I made use of this language: "For the past year I have had a little experience with the hypodermic syringe, and I will make a single statement of the results of that experience. And in the first place, I desire to record the fact that in quite a number of cases where I used remedies selected because of their homœopathicity to the disease, I entirely failed to secure satisfactory results, and hence have abandoned the practice of attempting to cure my patients in that way, by using remedies hypodermically. I am aware that my experience in this respect is different from that of many others in our school, and it probably arises from the fact that their remedies are selected with greater care than mine. However this may be, I have arrived at the conclusion, that in

my hands the syringe can only be profitably used as a palliative in extreme suffering; and as it has admirably answered that end, I will briefly cite some cases in point."

In commenting upon a part of the above extract, the following sound advice is given to your correspondent, by "T:" "Bearing in mind the law of similia, which is immutable, and conforming to it in the choice of his remedy, Dr. G. will find that he need not abandon the practice of attempting to *cure* his patients homœopathically." But inasmuch as I was talking about the use of drugs endermically applied when I suggested the impropriety of using the ordinary homœopathic remedies, it occurs to me that the criticism is unnecessary. Patients will not usually consent to the hypodermic application of medicine for trifling ailments, and when they are suffering extreme pain, they demand means that will give immediate relief. My position is that the hypodermic use of nux, 3d or 30th would probably fail of relieving a severe attack of gastralgia, but taken in the ordinary way it would probably cure it—certainly so if homœopathically indicated. On the other hand, I hold that morphia, applied endermically, will palliate extreme suffering, but cannot be expected to cure the pathological condition which gives rise to the pain. I trust that the distinction has been made plain. In the article that you did me the honor to copy, I recorded the fact that after relieving a severe attack of gastralgia with the hypodermic use of morphia, I administered Nux and Carbo Vegetabilis as curative agents. And it occurs to me that the closing words of the paper will place the matter in a proper light, and shield me from the imputation of having discarded the use of strictly homœopathic means. They are as follows: "The subcutaneous use of morphia will rarely ever fail to answer an end that every humane practitioner will endeavor to secure, and by quieting nervous irritability and removing severe pain, *will place the system in condition to be more easily influenced by curative homœopathic remedies.*" If this is not an explicit avowal of belief in "similia," then I should be at a loss to know how to express it.

Most truly yours,

J. H. GALLINGER.